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Part 1

FREUD'S 'THE ORIGINS OF PSYCHO-ANALYSIS'¹

By ERIK HOMBURGER ERIKSON, AUSTEN RIGGS CENTRE, STOCKBRIDGE, MASS.

I

After an interval of four years the translation into English of *Aus den Anfängen der Psychoanalyse*, Sigmund Freud's personal and scientific communications to Wilhelm Fliess, has followed their publication in German. It is more simply called *The Origins of Psycho-analysis*. Such directness is deserved, for these letters and drafts, in the formulation of the editors, 'amplify the prehistory and early history of psycho-analysis in a way that no other available material does, provide insight into certain phases of Freud's intellectual processes from his first clinical impressions until the formulation of his theory, throw light on the blind alleys and wrong roads into which he was diverted in the process of hypothesis-building, and furnish a vivid picture of him in the difficult years during which his interest shifted from physiology and neurology to psychology and psychopathology.' (x)² No reviewer could improve on the poignancy and brevity of this statement; for better or for worse, he can only enlarge upon it.

The man who wrote these letters had indicated twice that he wished them destroyed: first by way of a pact with his correspondent, whose letters he himself did not preserve, and again when the letters, having survived Fliess's death and his family's emigration from Nazi Germany, found their way into the hands of one of the editors. As if to counteract their valiant insistence on this publication the editors attempt to limit the readership and to determine the use of this volume by suggesting in their preface that the material here released 'contains nothing

sensational'. To the English translation they add a special paragraph warning the reader that these letters, like earlier revelations concerning Freud's life, lay bare only 'certain aspects of his interests and preoccupations at the time', and certainly not his life's 'secrets'. In the meantime, however, Ernest Jones, in his official biography, has made extensive use of these letters, offering his own translation and unhesitatingly calling the correspondence dramatic and the friendship revealed in it 'the only really extraordinary experience in Freud's life' (Jones, 287). In the face of these (and other) contradictory evaluations, the appearance of the English translation provides us with an opportunity to take stock, once more, of the kind of material which this book puts before the world, and particularly before the worker in the field.

This book, about 450 pages long, contains about fifty pages of introduction by Ernst Kris, about 250 pages of letters, and about 150 pages of scientific 'drafts', including a major 'project' of a psychology for neurologists. Kris's introduction is scholarly and restrained, offering essential background material on both Fliess's and Freud's life-situations and scientific development and previewing the material in the light of what subsequently became of psycho-analysis. In establishing the connection between Freud's early struggles and recent developments in psycho-analysis, the introduction somewhat prejudices the material: it is as if one introduced an account of Columbus' embarkation on the *Santa Maria* with a description of Manhattan. The reader does well to keep his mind fresh for

¹ See Sigmund Freud: *The Origins of Psycho-Analysis: Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902*, edited by Marie Bonaparte, Anna Freud, Ernst Kris. Authorized translation by Eric Mosbacher and James Strachey. Introduction by Ernst Kris. (London:

Imago Publishing Company Ltd., 1954, 30s.; New York: Basic Books, Inc., Publishers, 1954, \$6.75.)

² Quotations and page numbers, unless otherwise indicated, are from *The Origins*.

the full impact of black nights on uncharted seas: 'Instead of the passage we are seeking, we may find oceans, to be fully explored by those who come after us' (182).

Of the original items of the correspondence, 284 in all, we are permitted to see 168. Ernest Jones, who has seen them all, reassures us that: 'The letters and the passages omitted in publication refer to uninteresting details about arranging meetings, news about the health of various relatives and patients, some details of the efforts Freud made to follow Fliess's 'law of periods', and a number of remarks about Breuer which show that Freud harboured more vigorously critical opinions about him than had generally been supposed.' (Jones, p. 288.)

The letters and drafts published are all Freud's; Fliess's answers can, on occasion, be surmised, not more. Kris compares the communication here witnessed to the overhearing of one party's contribution to a telephone conversation. Although the dates indicate long and eventful intervals between some of the letters, their simple sequence creates a special temptation for the psycho-analyst, namely to follow his occupational habit of reading and treating such one-sided record as if it were a kind of free association, and this the more since these letters and drafts are governed by great freedom in the description of moods and in improvisations of thought. It is, therefore, worthwhile to underscore the fact that this is part of an exchange of letters. A correspondence of long standing is a *rituel à deux*. It develops and cultivates particular levels of mood, selected confessions, and habitual admissions; it is apt to indulge in plaintive comparison with the unseen recipient's person or fate, and in expressions of hopes for a reunion; often it invites some kind of mutual correspondence-transference. All of this, of course, varies with the meaning of mail, that great achievement of intimacy over space and time, in given cultural and historical conditions. At any rate, much of the passion of intellectual intimacy and much of the mutual aggrandizement notable in these letters are familiar features of intellectual correspondence of the past century.

This particular correspondence was, furthermore, subsidiary to another *rituel à deux* developed by the two men, namely, to what they called their 'congresses'. After detailed preparations and with much anticipation, they would get together in some European city or town where long and leisurely walks (*Spazier-*

gänge) would provide ambulatory vigour and visual perspective to the intense controversies and the intimate meeting of minds. Plans, tastes, and feelings would be exchanged in deeply cultivated, yet undoubtedly again clearly circumscribed areas. The correspondence thus promises to reveal new aspects of Freud only to the extent to which it challenges the analyst to study correspondence as a medium of communication and intellectual friendship as a traditional and highly important form of sublimated homosexuality. The letters present us with a truer or clearer picture of Freud, only to the extent to which we are able to recognize in them a correspondence-personality of an almost deliberate moodiness, indulgent dependence, and radical self-doubt, which (as Jones's biography as well as Freud's published dreams indicate) overlapped with, but did not wholly characterize either Freud's actions or even his dream-life at the time. These letters, then, stand somewhere between the personal transparency of Freud's published dreams and the formal discipline of his published writings. They are characterized, as are all of Freud's utterances, by that frank and playful deliberateness with which he could immerse himself in any form of communication, with himself or with others, and by that zestful curiosity with which he would follow new perspectives.

These are general impressions. The reviewer chooses as his theme an elaboration of the editor's abstract (quoted above) with an emphasis on the way in which this correspondence between intellectual friends is drawn into a radically new kind of intellectual process, specific for psycho-analytic work and thought.

II

The introduction by Ernst Kris, and the papers of Bernfeld to which he refers, indicate that Freud, at the age of thirty, needed, all at once, a new colleague, a new friend, and a new ideal. He had married only a year before and had, for financial reasons, abandoned the academic laboratory for the private office; he was, for the first time, self-employed. To give up the laboratory meant to relinquish a work discipline and a work-ideology to which he had been deeply committed. When at the age of seventeen Freud had chosen medicine in preference to law and politics, he had done so with a nature-philosophic interest for which he found Goethe's 'Ode to Nature' representative: the unveiling of Nature's mysteries, not the healing

of the sick, provided the first self-image as a doctor. But soon he had, as many bright young people must do, become deeply committed to less fanciful and more ascetic pursuits, of which Brücke and Meynert were the masters: pursuits of an almost monastic service to painstaking physicalistic physiology. The ideology of this important movement was represented in DuBois-Reymond's and Brücke's oath (reported by Bernfeld) 'to put in power this truth: No other forces than the common physical chemical ones are active within the organism. . . . One has either to find the specific way or form of their action, by means of the physical mathematical method, or to assume new forces equal in dignity to the chemical physical forces inherent in matter.' (*The American Imago*, 6, No. 1, p. 171.) The letters make clear that in abandoning pure science Freud left a whole future behind him; and, since we know so little about the ego's relation to early work commitments, we may well pay attention to the clinical picture which ensued. When, at age thirty, Freud was forced to exchange the academic monastery for the medical parsonage, he had fully developed a style of work, a manner of publication, and a personal bearing which would have sufficed for one impressively productive, if not creatively unique, life-time.

But now that moratorium, that delay of destined career which characterizes the beginnings of many a creative worker, was over; and, of all things Freud found himself a practising specialist in the neurotherapeutic methods of his day. This role was neither compatible with the ideal of the researcher, totally committed to the point of 'therapeutic nihilism', to an ascetic devotion to truth, nor with that other ideal which Freud now mourned as irretrievably missed, namely, the general practice of medicine with its Hippocratic attention to 'the whole patient'. (57) The not quite either-or role of a practising specialist, chosen for practical purposes, was not in agreement with what Freud called his need for an inner tyrant, i.e. a great principle and its total work-discipline.

Freud had been closely associated with one man to whom he liked to refer as a 'practising physician', a man who had, in fact, taught him how to find a laboratory in the very practice of neurology: Breuer. But at the time in question the bond with Breuer, for a variety of reasons, was weakening. Breuer had been able to follow

Freud in matters of hysteria and sexuality because of the intervening theory of constancy, i.e. the assumption that psychic life is characterized by a tendency to keep the general level of excitation constant. Both hysterical and sexual states provided outstanding examples of sudden energy storms with dramatic patterns of emergence, climax, and termination; together they called for quantitative formulations concerning the charge and discharge of some highly transformable energy. Thus, epidemiological facts and patterns of thought converged on sexuality as a vital field of inquiry; and insofar as sexuality promised to be good and remain one energy among others to be studied with scientific detachment in traditional professional settings, it was admissible as subject matter. Freud, as did Breuer, darkly felt that the matter was more important and more dangerous; and Freud resolved to challenge that danger, while Breuer recoiled from it. It was at this point that Freud met Fliess, also a practising physician, in whom far-reaching ideas about the role of sexuality in normal and abnormal states, and in the very cycles and rhythms of the universe, were germinating. In him Freud obviously saw a man to whom he could entrust those ideas which emerged from the new self-chosen and lonely discipline, i.e. a mixture of clinical observation, therapeutic experimentation, and scientific speculation; a man who could help him unfold those powers of disciplined and yet courageous speculation which alone would make the routine attention to patients bearable: 'We cannot do without men with the courage to think new things before they can prove them' (137). [In German Freud says *aufzeigen*, i.e. 'before they can demonstrate them'.]³

To this reviewer the letters seem to indicate that Freud thus accepted Fliess as a friend in need, a companion in certain configurations of thought, while he obviously never completely accepted the development of Fliess's theories. There are indications that Freud's overestimation of Fliess as a theorist has been overestimated. True, Freud attempts to go along with Fliess in the published correspondence; and we are told that some of the omitted letters show Freud's efforts at following his friend into his theories. Yet all of this remains part of the correspondence. Freud seems to have been careful throughout not to let this so-called overestimation enter into writings destined for the

³ Reviewer's explanation, or corrections of the English text appear in square brackets. The translation as such will be discussed at the end of this review.

public. Such phrases as he did use publicly ('magnificent simplicity', 'grandiose conception') are non-committal in regard to the scientific solidity of Fliess's theories, while Fliess's public references to his friend Freud seem to have been extraordinarily stingy. Even in the letters Freud calls Fliess 'a worse visionary than I' (130). [the original German word being 'Phantast', which implies a more completely aimless imagination than does the English 'visionary']. This is said jokingly and even tenderly; yet kidding references to Fliess's theories of the neurological relationship between the nose and the genitals seem relentless throughout: Freud reports that 'Breuer has accepted the whole of your nose' (121), or adds to greetings to Fliess and his family, greetings 'to sexuality through the nose'. (135) Maybe his most obvious slur was contained in a practical joke which he perpetrated on his friend, when on an outing in the Austrian Alps he entered Fliess's name in the guest book of a mountain hotel, naming as his profession 'Universal-specialist' (285), obviously someone who, as the saying goes, knows less and less about more and more. It does not seem that on the whole Freud overestimated Fliess's theories any more or any longer than he did some of his own speculations; while he stated with utmost frankness what he wanted from him: 'In the first place, I hope you will explain the physiological mechanism of my clinical findings from your point of view; secondly, I want to maintain the right to come to you with all my theories and findings in the field of neurosis; and thirdly, I still look to you as the Messiah who will solve the problem I have indicated by an improvement in technique [i.e. coitus without contraceptives].' (76) Beyond this Fliess seems to have had the personality and the education which permitted Freud to entrust him with 'imaginings, transpositions, and guesses', and to make of him the representative of 'The Other' ['den Repräsentanten des Anderen,' unfortunately translated as 'other people'. (298)]. With him he could institute that relationship of bipolarization which many creative men need in order to have the courage of their own originality. Such a relationship consists, to some extent, of a mutual casting in the double-roles of benevolent authority and audacious co-conspirator, of applauding audience and cautioning chorus—roles which fortify both participants against the super-ego guilt and against the social shame which might inhibit their innermost aspirations. What Freud wanted from

Fliess, Jones calls 'sanction', a fitting and significant designation. When completing his 'project', Freud thanks Fliess for 'the powerful impulse to [*permit myself to*] take the thing in earnest' (die Sache ernst nehmen zu dürfen). (124)

That in the ensuing correspondence unrestrained terms of mutual lionization should appear; that Fliess should be made an Apollinian tower of calm strength while the writer becomes a driven Dionysian (and shabby Israelite); that figures of speech should occur which picture the writer as a feminine womb for the intellectual sireing of the other—all of this is, to a considerable extent, sanctioned by a tradition of intellectual and poetic friendship, and not to be confused with 'transference'. Men in development often appreciate in one another their early and innermost aspirations rather than what they are or are going to be: 'I see', Freud wrote to Fliess, 'that you are using the circuitous route of medicine to attain your first ideal, the physiological understanding of man, while I secretly nurse the hope of arriving by the same route at my own original objective, philosophy. For that was my original ambition, before I knew what I was intended to do in this world' (141). Only against the background of such a friendship can the outlines of that actually emerging transference be recognized—the first transference in history to lead, through the discovery of its own nature, to its own therapeutic liquidation.

III

The correspondence starts slowly and warms up gradually. From the years 1887-92 only sixteen letters are preserved, only thirteen reprinted here. They are a doctor's letters to a doctor. By the end of this period a solid friendship seems to have formed, partly owing to the circumstance that Fliess frequented Vienna to court a Viennese girl at the time when Freud's 'battle with my collaborator' (64), Breuer, gradually led to a deep personal enmity and to thorough theoretical estrangement. In the first 'drafts' Freud shakes off the shackles of traditional inhibition and personal indebtedness and sends to his friend, up in the more forward-looking Berlin, a series of clear-cut if extreme formulations concerning the origin of various neurotic states in the sexual practices of his day. ('You will, of course, keep the draft away from your young wife.') (65). These formulations are of a sweepingly epidemiological character and

end with a prediction of doom reminiscent of the pessimistic economists of the classical era: 'In the absence of such a solution [i.e. an innocuous method of preventing conception] society seems doomed to fall a victim to incurable neuroses which reduce the enjoyment of life to a minimum, destroy the marriage relation and bring hereditary ruin on the whole coming generation. The lower ranks of society know nothing of Malthusianism; but they are following along the same path and will eventually fall a victim to the same fatality.' (72). His conclusions are 'that the neuroses [he means here anxiety neurosis and the neurasthenias] can be completely prevented but are completely incurable. The physician's task is thus wholly concentrated on prophylaxis.' (71). There is as yet no inkling of the unbeaten paths into the inner unknown which would have to be pursued before widespread prophylaxis (to-day's mental hygiene) could be envisaged. The doctors send one another case abstracts, but Fliess seems to insist on his 'nasal reflex neurosis', while Freud pursues a sexual aetiology somewhere between social contamination and somatic excitation. True, Freud in 1893 refers to the nasal reflex neurosis as 'one of the commonest disorders' but adds 'unfortunately I am never sure of the "executive"'. (73). [The reviewer feels that the German 'Exekutive' here means 'how it works', not 'what practical measures to take'.] In the meantime, he pursues his aetiological formula according to which neurosis is a consequence of sexual experience in which a complete discharge was impossible, either because of the inadequacy of the sexual partner, or because of the limited potency of the patient himself, or (and this assumption now begins to gain ascendancy) because of a seduction at a time when discharge was developmentally impossible, i.e. in childhood.

But then, in the letter of 19 April, 1894, an entirely new note appears: Freud apparently had consulted Fliess in regard to a variety of his own symptoms and moods, which he condenses in the word 'Herzleiden' [something like 'heart-misery'] here translated as 'cardiac oppression' (82); Fliess had cauterized his nose and had urged him to give up his beloved cigars. The intellectual communication appears jammed: 'I have not looked at your excellent case histories . . . "the present state of the knowledge of the neuroses" was abandoned in the middle of a sentence . . .' (83). Freud now reacts much like any patient, if one with a tragic

sense of alarm over a new kind of relationship. 'As everyone must have come under someone's suggestion, to escape [to rest from] his own criticism, from that time on three weeks ago to-day—I have had nothing lit between my lips.' (81). [The German says 'nothing warm any more between the lips' = 'nichts Warmes mehr zwischen den Lippen', and it is hard to see why Freud is censored here.] Freud continues, much like a patient: 'I am suspicious of you this time, because this heart trouble [*Herzangelegenheit*] = 'matter of the heart' of mine is the first occasion on which I have ever heard you contradict yourself.' (83). To add an element of acting out Freud reports a visit to Breuer (with whom scientific co-operation was then coming to an end) to clarify the question as to whether he was suffering 'from a reasonable or a hypochondriacal depression'. (83).

Whatever Freud's disturbance was clinically, he indicates one month later the kind of intellectual crisis which seems to be the cause and concomitant of his inner storms: 'I have the distinct feeling that I have touched on one of the great secrets of nature.' (83). This secret, of course, was the central importance in human life (and not only in psychopathology) of sexual affect as a quantity, and of differential mechanisms of defence. That every step of his search led Freud both into oedipal guilt and into some such sense of having challenged the gods as the Greeks call *hybris*, is amply demonstrated throughout the letters. It is suggested that it is this very *hybris* which the young medical man, with his wide sweep of interests, had over-compensated for by applying himself to the ascetic concentration on the details of nerve structures; and that it is this very *hybris* (multiplied a thousandfold by the subject matter now emerging) which drove the maturing man deeper into neurotic conflict, and into a kind of transference to his mentor-friend, who was also his physician and surgeon. For if now the approach to 'Nature' was open again, so were all the dangers of a mutual aggravation of *oedipal conflict* (renewed by his father's impending death) and of a nature-philosophic speculation which, in *technique*, and now also in *subject-matter*, could not avoid approaching what was to be recognized as the unconscious and its primary process: such overdetermination is the stuff these letters are made of.

The grandeur of Freud's aspirations then appears in a classification of the major neuroses and an outline of a theory bridging all of sexual-

ity and psychopathology, with the intervening concept of the principle of psychic constancy. In the meantime the letters convey a sense of two elemental truths which were soon to be more consciously perceived and to be formulated in this very correspondence: (i) that basic psychological insight cannot be approached without the involvement (and not gained without the analysis) of the observer's impulses and defences, and (ii) that such insights cannot be communicated without the ambivalent involvement of the communicators. For the present, however, the element of transference which had begun to blur the friendship to Fliess retained its intellectual counterpart in a theory which would blame primarily the fathers for the neurotic suffering of generations: a theory which was to be fatefully adhered to, and abandoned only after another transference crisis.

IV

The spring of 1895 finds Freud preparing himself for the greatest intellectual effort of his life, namely, a 'Psychology for Neurologists'. He now had found his 'tyrant' (119): psychology. 'I am plagued,' he writes, 'with two ambitions: to see how the theory of mental functioning takes shape if quantitative considerations, a sort of economics of nerve-force, are introduced into it; and secondly, to extract from psychopathology what may be of benefit to normal psychology.' (119). There are continued moody references to fluctuating physical complaints which only at moments maintain what throughout the letters is hinted at as an optimum state of mild painful discomfort, in which he seems to work best. But the struggle against smoking is resolved: 'I have started smoking again, because I still missed it (after fourteen months' abstinence), and because I must treat that mind of mine decently, or the fellow will not work for me. I am demanding a great deal of him. Most of the time the burden is superhuman.' (121). With this return of ego-equilibrium a great harvest comes to be garnered: in July he 'exhaustively' analysed the strategic Dream of his patient Irma and established wish-fulfilment as the core of dream life; in August he gained the understanding of pathological defence: 'the theory,' he exclaims, 'is bold and beautiful.' After another inspiring 'Congress', the great 'Project' is jotted down in the autumn, sent to Fliess in October—only to be promptly recanted in November: 'All I was trying to do

was to explain defence, but I found myself explaining something from the very heart of nature. I found myself wrestling with the problems of quality, sleep, memory—in short, the whole of psychology. Now I want to hear no more of it.' (123).

This is the halfway mark of the correspondence, the time when Freud began to evolve systematically what had originated coincidentally and eruptively. This midway point shows a man, in many ways maturely settled in community, practice, and family (there are many delighted and untranslatably delightful references to the children), yet daimonically obsessed with the inner necessity to reconcile the ideology of his past discipleship in physiology and his now unavoidably approaching mastership in psychology. His discipleship (as is not uncommon for originators) had been rather prolonged; certain latent adolescent-homosexual trends universally connected with it were now finding a not untraditional expression in the friendship with Fliess. Now the utopian part of the ideology needed to be spelled out *ad absurdum*, so that the revolutionary part of it might become free and live.

Freud introduces the 'Psychology for Neurologists' with a candid statement of purpose: 'The intention of this project is to furnish us with a psychology which shall be a natural science: its aim, that is, is to represent psychical processes as quantitatively determined states of specifiable material particles and so to make them plain and void of contradictions. The project involves two principal ideas:

1. That what distinguishes activity from rest is to be regarded as a quantity (Q) subject to the general laws of motion.

2. That it is to be assumed that the material particles in question are the neurones.' (355).

Freud proceeds to develop a model of organization of these 'particles', a sensitive machine for the management (through resistance, defence, discharge, and action) of varying qualities and quantities of excitation, such as are aroused by external and internal stimuli. 'Physical concepts, such as the principle of inertia and energy charge and discharge, are combined with histological concepts to create a neuronic golem, in which all those puzzling subjective phenomena of pleasure and pain, of consciousness thought, and memory, are mechanistically demonstrable and explainable on the basis of an over-all principle of solipsistic inner constancy. As Freud put it later: 'Everything fell into place,

the cogs meshed, the thing really seemed to be a machine which in a moment would run of itself.' (129). Since an exclusively physical-biological ancestry is often ascribed to Freud's configurations of thought, it is worth stressing concomitant relations to mechanical and economic configurations. Freud grew up in an era of universal search for an inner equilibrium in a closed universe, as if enlightened and rational man now invested his faith in the certainty that not only Nature, but also the 'nature of things' could be trusted somehow to maintain its own balance in the face of change and upheaval: in the economic sphere, too, self-preservation, pleasure-seeking and profit-hunger themselves were to be ennobled as 'natural' parts of a self-correcting market. It is not generally remembered to-day that decades before Freud, economists spoke of men in the aggregate as pleasure-and-pain machines (Edgeworth). 'Human nature' as a psychological system was not as yet fully included among these systems, although the human organism was. When Freud, then, spoke of an inner economics of nerve-force, he meant a much closer analogy to concepts of economics than is later implied in his much refined and specialized 'economic point of view' which, in fact, receives its definition from a differential comparison with the dynamic and topological viewpoints within psycho-analysis.

Freud's Project (or what he refers to mock-cryptically as his *ψω*) while sent to Fliess in 1895, is attached to the book as an appendix. It is forbidding reading for all but a few. Ernest Jones in his biography has humanely offered a pre-publication summary in English. This reviewer can only testify that it is highly rewarding for one who is not one of the few to try, with the help of one who is, to follow Freud's astonishing reasoning. He will thus participate in the persistence and courage of the high intellectual adventure attending the pursuit of *creative misconceptions*—a persistence which disposes of traditional assumptions not by abandoning them, but by pursuing them to that bitter end where radically new assumptions may, because they must, emerge from the matrix of traditional configurations of thought.

The reader gradually comes to feel that what these neurones are supposed to do, is in fact what he has learned to assume the psychic apparatus does: he will imperceptibly replace a structural-psychological for a neurological point of view, and suspect that the former (and the

seventh chapter of *The Interpretation of Dreams*) would never have emerged without the latter. Secondly, he may come to feel (with Jones) that Freud's project has significant relations to cybernetic theories of communication (which may or may not speak for either). Thirdly, he will find, in the neuronc matrix of Freud's discourse, surprising eruptions of configurations of thought which anticipate the preoccupations of our day.

Freud is certainly not the first to speak of an ego. What is surprising is to find in this mechanistic discourse a reference to the ego as an 'organization', 'a group of neurones which retains a constant cathexis' and thus 'form part of the domain of the ego.' (384). Here, a field concept clearly overtakes that of pathways of facilitation.

A second quotation, in order to be appreciated, would have to be seen emerging from the up to then completely mechanistic exposition: 'At early stages the human organism is incapable of achieving this specific action [i.e. toward a riddance of a given excitation]. It is brought about by extraneous help, when the attention of an experienced person has been drawn to the child's condition by a discharge taking place along the path of internal change (e.g. by the child's crying). This path of discharge thus acquires an extremely important secondary function—viz. of bringing about an understanding (*Verständigung*) with other people; and the original helplessness of human beings is thus the primal source of all moral motives.' (379). Note that Freud here does not speak of 'the' mother, or the 'environment', but of an 'experienced person' ('ein erfahrenes Individuum') who in the sentence immediately following becomes a 'hilfreiches' (literally 'help-rich') *vis-à-vis* a 'hilfloses' ('helpless') individual. In one sentence, he seems to anticipate that hope of a new morality, based on the mutuality of function, which in our time may well (again, because it must) evolve with the support of psycho-analytic and ecological considerations.

V

One month after the dispatch of the project Freud wrote: 'I no longer understand the state of mind in which I concocted (*ausgebrütet*) the psychology.' (134). He now calls it a 'kind of aberration' (*Wahnwitz*). In the meantime, however, he feels that he has made fundamental headway toward an understanding of 'the two neuroses', and of dreamlife. As if freed from

some consuming servitude, the doctor now comes into his own: 'I am sure that both neuroses are radically curable now. . . . I have lived some forty years not quite in vain.' (128). But now he must fill the 'psychological gaps', must establish a *theory of neuroses*.

The elucidation of these gaps fills the letters for years to come: many small and dark headwaters are seen to combine with those determined streams which later entered the literature in *The Interpretation of Dreams*, *The Psychopathology of Everyday Life*, and the *Three Essays on the Theory of Sexuality*. Strangely enough, the letters say little about technique; in 1896 the word psycho-analysis quietly joins the vocabulary. The over-all impression is that the technique of enlightened passivity in the face of the patient's 'resistance' was understood and accomplished by Freud only against a host of resistances in himself—resistances emanating from traditional masculinity as well as from cherished work-habits: for a man's (and his time's) ideal images of himself as a sexual being and as a worker are fatefully intermeshed. It was, then, not only a difficult subject, namely, the fact of a universally repressed and dissociated infantile sexuality, but a difficult and at times obnoxious method, which made it necessary for Freud to face his own 'feminine' and infantile selves. By the same token, it seems that he defended himself against both inescapable methods and facts again with a grandiose persistence in the physiological ways of looking for well differentiated tissues, pathways, and lesions. It seems to be part of a creative man's beginnings that he can change the scope and the trend of his thinking while compulsively maintaining the modes of logic and work-discipline which have become part of his first identity as a worker. Shaw, when he gave up office work, wrote five pages a day for five years and produced five novels: they were then unpublishable, but he became a writer. Freud, as a clinical observer, went on 'slicing' his material in endless series of obviously overstated dichotomies: 'I know three mechanisms: (1) conversion of affect (conversion hysteria); (2) displacement of affect (obsessions) and (3) transformation of affect (anxiety neurosis and melancholia).' (84). 'In hysteria it is a *psychical* excitation which takes a wrong path in an exclusively somatic direction, whereas in anxiety neurosis it is a *physical* tension which is unable to find a psychical outlet and continues along a physical path.' (94). 'The neuroses of defence are

pathological aberrations of normal psychical states of affect: of conflict (hysteria), of self-reproach (in obsessional neurosis), of mortification (in paranoia), and of grief (in acute hallucinatory amentia).' (146). 'In hysteria, it is memories, in obsessional neuroses perverse impulses, and in paranoia defensive fictions which penetrate to the surface in a distorted form imposed by compromise.' (196). 'Displacement along associative lines: hysteria . . . on lines of (conceptual) similarity: obsessional neurosis [misprinted as 'obsessional. Neurosis'] . . . on causal lines: paranoia.' (207). In all of these statements we see intuitive insights emerge: Freud used these psychopathological 'sections' for the gradual establishment of a genetic dimension, just as he had done with the brain sections of different developmental levels when he investigated the persistence and the differentiation of early structures in the brains of kittens and puppies, of embryos and infants. Only that the reconstruction of foetal origins now is applied to individual (and soon to phylogenetic) '*pre-history*', while the search for traumatic *scenes* replaces that of lesions, and the tracing of *memories* that of neuron pathways. But since he was now dealing with psychological material, i.e. material with inescapable concomitants in the observer's unconscious, not only the conflicts intrinsic to his work associations, but also the whole of his past life became inextricably interrelated with his intuitive search. To take a look at the primary process, and to remain truthful, means to confront the Medusa: here a man is apt to clutch his accustomed weapons.

As localization of the trauma in childhood became the dominant pursuit, the seduction theory entered the crisis which ended in its liquidation. It was during this period that Freud's father ailed and died, mourned by his son in memorable words, and yet leaving him with some intensified conflict with the father-image. An incredibly stubborn search for the '*paternal aetiology*' followed; a persistent attempt to pin the trauma of seduction in childhood on a 'scene' of perverse seduction by the father. This again was a creative error which led to absurdities of reconstruction and to psychological blind spots which would persist for quite some time. Yet it eventually opened the way to the understanding of the infant's and child's impulses and vulnerabilities, and to a first formulation of periods of heightened impressionability and of relative latency.

Freud enlivens his letters with diagrammatic sketches which in the German edition are reproduced in his handwriting, while the English edition renders them in print. One of these diagrams (Fig. 6, p. 164) does not seem to be transferred correctly. Freud here means to indicate that in Hysteria 'the scene' took place before the age of four, in Obsessional Neurosis between four and eight, and in Paranoia between ten and fourteen. However, he speaks of a 'reawakening' of these scenes, followed by repression during the 'transitional periods' of 8-10 and 13-17. Freud thus introduces latency periods, the first of which (psychosexual latency) has been fully elaborated in psycho-analysis, while the second still awaits clarification. In the English translation, such latencies are incorrectly allocated to the periods 10-14 and 17-X. Correctly transposed, the diagram would look as follows:

	IA Up to 4	IB Up to 8	II A Up to 14	B	III Up to X
Hysteria	Scene		R		R
Obs. Neur.		Scene	R		R
Paranoia				Scene	R

R = Repression

The letter R stands for repression, as in the German edition (p. 175) the letter V stands for Verdrängung. (The 'snorkels' emanating from Freud's V's may, at the very most, signify a carry-over of repression into stages II and III; but the onset of repression in A and B is clearly fixed.)

What finally evolves from this differentiation between the periods when 'the event' occurs, the quality of the event, and later periods of 're-awakening' and of 'repression', is a time-space schema of the psyche, in which different memory traces (various species of 'signs') are still ascribed to different neuronic systems, but are subject to 'transcriptions' during successive epochs of life. In this gradual charting of the epigenetic character of human development, the erotogenic zones and the stages of libido are unearthed.

This step forward, however, remains shackled to the theory of seduction by the father which now replaces heredity as the primal and exclusive cause of all Evil: 'heredity is seduction by the father'. (180). Only gradually does this ruthless and perverse father-figure become, more vaguely and more correctly, 'the pre-historic,

unforgettable other person [the 'Other One', 'der Andere'] who is never equalled by anyone later.' (180). According to his way of work Freud had to make two detours before he could behold and accept the fact that that prehistoric Other with his absurd deeds was a primal phantasy image which merged with a mother image of earlier origin. One of these detours was into phylogenetic history: 'Why, he asks, were the confessions extracted from the 'possessed' under torture in the ecclesiastical courts of the middle ages so very similar to his patients' 'reports' under psychological treatment? He delves deeply and thoroughly into this 'parallel with witchcraft.' (188). But he cannot penetrate this riddle without courting renewed emotional discomfort: 'I am beginning to dream of an extremely primitive devil religion . . .' (189)—obviously the underworld of anal-sadistic ruminations. He insists that these 'intervening phantasies' arise from things heard but only understood later, still adding 'all the material is of course genuine'. (196). His stubborn pursuit of this theory leads him to an almost dianetic absurdity: Hysterical phantasies go back to things heard from six to seven months onward! He goes so far as to speak of a patient's luck in that the 'Almighty was kind enough to remove the father by death, before the child was eleven months old'. (211). But his own outraged sense of reality now forced upon him the insight that he himself was the captive of a phantasy. A dream suddenly showed him 'my wish to pin down a father as the originator of neurosis'. (206). This wish, of course, could only be a neurotic one. He could not escape any longer his own analysis, and with it, an intensified transference to Fliess. It is in this context that he, again, becomes strangely submissive and dependent. 'You are flourishing, while I open all the doors of my senses and take nothing in . . . I am agape (*erwartungsvoll blöde*) as never before for what you have to say . . . I am empty and ask your indulgence (*Gnade*).' (210). But he recognizes the transference: 'Something from the deepest depths of my own neurosis has ranged itself against my taking a further step in understanding of the neuroses, and you have somehow been involved.' (212).

At long last, in the historic and heroic letters of the autumn of 1897 the seduction theory is abandoned, the father-image is recognized as part of the Oedipus complex (which in turn is recognized as a dominant theme in world literature), and Freud's self-analysis breaks

through to the first 'pre-historic Other' of them all: the mother, or rather the mother-image, as shared by his natural mother and by his old Kinderfrau, who was both evil (she was a thief) and holy: 'she took him to his home town's churches, 'told me a great deal about God and hell, and gave me a high opinion of my own capacities.' (219). After prolonged work Freud recognized his own resistance to his own self-analysis, and completed the personal groundwork on which to-day's training analysis rests: 'Self-analysis is really impossible, otherwise there would be no illness . . . I can only analyse myself with objectively acquired knowledge (as if I were a stranger).' (234).

It was here that Freud apparently began to realize fully the extent to which he had made Fliess 'the Other', while he could make himself 'the Stranger' only up to a point. He seems to have exploited the authoritarian conflict with his father beyond all reason not only because of the universal taboo against filial death wishes, but also because of the inaccessibility, at the time, of an element of mother fixation in all transference, even in that to the man Fliess—a mother transference which had first appeared in the querulous complaint over the forbidden warmth between the lips. He now acknowledges that infantile trust, that gratitude toward the 'experienced person', which had made its surprise entrance in the middle of his *phi* ψ ω : 'If I succeed in resolving my hysteria, I shall have to thank the memory of the old woman who provided me at such an early age [meaning when his mother gave birth to the first siblings] with the means for living and surviving.' (219). His personal recovery included a manly acceptance of error: 'I am proud that after penetrating so far I am still capable of such criticism. Can these doubts be only an episode on the way to further knowledge?' (217). He now dares to utilize what before would have seemed a feminine mode of work: 'I have to wait until things move inside me and I experience them' (236) [here his German is lyrical, Rilke-like: 'bis es sich in mir rührt, und ich davon erfahre']. Finally, he found his insights 'beautiful' in the simple manner of all craftsmen.

The road is now open for an insight on Freud's part into the whole *tour de force* of his clinical research: Instead of his first 'crude answer, at the time when I was still trying to take the citadel by storm' he now speaks of auto- and heteroerotic stages, of object-relationship, and of regression. Also he takes

a fresh look at his own relationship to his patients, finding that days of 'drawing conclusions' cause him to be 'far away from things', while full receptivity to patients dulls his interest for ideas. Foreseeing that some day soon he will apply himself to 'patients' feelings as well as their ideas', he summarizes: 'I have let myself be lured a long way from reality . . . All this work has done a lot of good to my own mental life. I am obviously much more normal than I was four or five years ago.' (280).

Thus another basic insight arose from creative misconception and persistence, namely, that at any given time, the psycho-analyst's ability to conduct cures and to gain fresh insight coincides with (as it is apt to be limited by) his consistent efforts at curing in himself whatever conflicts advancing life and deepening insight itself will awaken and reawaken.

VI

The letters describe a number of depressive and anxious states which Freud, never one to spare himself, refers to as neurotic and as 'my phobia'. During these years he apparently traversed certain mental states which only a better knowledge of the ego in advancing years and in creative periods will help to diagnose. Some exaggerated sense of the passing of time, of premature aging, and of the possibility of an early death is prominent throughout. The first of the letters to Fliess was written by what to-day we would consider a rather young man (31), the last one by a man certainly not old (46); yet it is well to remember that expectation of life was much shorter in those days. Freud had not left his parents' household for good until he was twenty-seven, and had established his own only at thirty: he had taken his time with coming into his own. Now a monumental lifework began to arise before him, and yet in the letters he depicts himself more than once as being on the verge of giving up. We thus see both a post-adolescent search for a work-ideology, and the despair of early aging crowd into a decade which was busy enough with its own middle-aged problems: of fresh possessions in children and knowledge' (268)—his wish for Fliess's fortieth birthday. In this correspondence, then, we witness a high condensation of acute life problems and workproblems, while the writer penetrates into his own past by way of letting the past make contact with the acute present. The life-cycle, its normative crises and its phasic pathology, takes on a new meaning.

There is, for example, Freud's 'railroad phobia', mentioned often but never described. Whatever it was, Freud traces it to infantile sources, i.e. the actual loss by migration of a 'prehistoric' childhood milieu which had combined life in the Moravian countryside, relative economic safety, and of course, mother and Kinderfrau. That the Kinderfrau's mediation between Freud's Jewish milieu and the devoutly Catholic environment had made a deep impression can be seen again from the fact that Freud locates the beginnings of his phobia at age three, when on 'migrating' with his mother, he had in the railroad station of Breslau seen the first gas jets: 'which reminded me of souls burning in Hell'. (237). It was on this same trip that he remembers having seen his mother 'in nudam'—maybe a somewhat impractical assumption considering Victorian travel, but highly significant for the oedipal implications of the theme of unveiling Nature. Later, a patient taught him (yes, patients consistently taught him things about himself) that 'My phobia, if you please, was a poverty, or rather a hunger phobia, arising out of my infantile gluttony and called up by the circumstance that my wife had no dowry (of which I am proud).' (306). In other words, the fear of impoverishment by abandonment was intensified during that life-crisis of professional displacement in which this correspondence originates: the time when Freud, after much procrastination, became self-employed and the head of a household. Subsequently the letters persistently and ambiguously refer, on the one hand, to an infantile paradise lost, to a 'prehistoric' period, and to an early wish-world out of which come deferred fulfilments and with them, the only happiness known; and they report, on the other hand, the economic pressures of his life-circumstances; the influence on the income of medical specialists of that first Great Depression, that 'Paradox of poverty in plenty' which accompanied industrial expansion in Europe, and which hit some countries more than others, and Vienna, Austria significantly more than Berlin, Germany.

During the years of the letters Freud's railroad phobia was intensified by acute fears of an early death. It is here that his status as a thinker seems to be a contributing factor. That he was 'coming too late', that he was 'missing the train', that he would perish miserably before reaching some promised land—these thoughts are clearly reflected in the letters. He cannot see how he can complete what he feels to be growing

within him, if every single step takes so much 'work, time, and error' (269) (a scientist's counterpart to the Churchillian formula). Connected with this are, at first, references to dangers to the heart, that inner metronome and measure of endurance. The themes of time-pressure, heart-acceleration and the aspiration at 'getting there first' combine in the remark: 'I picked up a recent book by Janet . . . with beating heart, and laid it down again with my pulse returned to normal. He has no suspicion of the clue.' (247).

This urgent theme of time first overlaps with and then is gradually replaced by a geographic restlessness: would time permit becoming a general practitioner, maybe in Berlin, in England, in America? And toward the end of the correspondence a strangely intense, a 'deeply neurotic' (236) urge to see Rome. At first, the dominant wish is to arrange for a 'congress' there; then a persistent 'we are not in Rome yet' (280) or 'I shall no more get to Rome this Easter than you will' (328); and a personal—'On the whole I am further away from Rome than at any time since we met, and the freshness of youth is notably declining. The journey is long, the stations at which one can be thrown out are very numerous, and it is still a matter of "if I can last out"'. (310). The last sentence is one of numerous references to a Jewish story, according to which a man, travelling without a ticket, and kicked out with increasing vigour at a number of stations, is finally asked for his destination. 'Karlsbad,' he answers, 'if my constitution permits.'

Only when *The Interpretation of Dreams* is published, and the friendship with Fliess comes to an end, does Freud plan more firmly to spend Easter in Rome. 'Not that there is any justification for it, I have achieved nothing yet [es ist nichts erreicht] and in any case external circumstances will probably make it impossible.' (327). Rome was Hannibal's never-consummated conquest, as Israel was Moses' never-visited vision; this double theme clearly emerges as the core of Freud's identification in the matter of Rome. Beyond this, the Eternal City seems to mean many things, all of which are superbly condensed in the phrase: 'Next Easter in Rome' (317). Here is the educated German's *Sehnsucht* for the classical world; the homeless Jew's longing as expressed at Passover in the words 'Next year in Jerusalem'; and most probably also the small child's wish (now repudiated by the rational man) to experience again the wonder

(once imparted by the Kinderfrau) of the holiday of resurrection.

Only at the very end of the correspondence does the writer's perspective of time and place fit what we now know to have been the future of the originator of psycho-analysis: 'I have readers . . .; the time is not yet ripe for followers.' (304). The last letter of last century admits 'We are terribly far ahead of our time'. (306).

When Freud, then, speaks of a 'railroad phobia' he obviously referred to an anxious state which did not keep him from travelling. Similarly, when he writes about his being 'arbeitsunfähig', i.e. unable to work, he was referring to that intellectual activity which really was above and beyond the call of duty of a practising neurologist: thinking. He was never unable to take care of his practice, when there were patients; but he never felt that anything had been accomplished without some advance in creative thought.

In addition to this 'phobia', the letters refer to numerous physical complaints, among which migraine-like headaches seem prominent, and this with an interesting tendency, to welcome a certain amount of physical discomfort as necessary for intellectual work, while complaining only when the powers of concentration were drowned out by the pain. There are also dispersed over the years, most thought-provoking references to areas of mental functions which did not keep pace with his superior equipment: Freud refers to 'a very poor feeling for space' associated with what he calls his 'two left hands' in childhood (243); 'my stunted acoustic sensibility' (263); and a lack of 'the slightest mathematical ability' and of 'memory for numbers and for measurements.' (336).

VII

In 1898 all other pursuits are dropped in favour of 'the dream book' (245)—even the self-analysis. As far as can be seen, no preliminary drafts are sent to Fliess: in fact, drafts solely meant for Fliess's attention do not accompany the second half of the letters. Fliess receives chapters, as they become ready, for criticism and prompt return. The letters themselves now move more freely from travel-vistas to case-episodes and literary discussions. It is as if the complete and systematic break-through to the rich mines of symbolism and of inner dynamics had set Freud free to go in many

directions at once; gradually (but not before undergoing one more significant crisis) he also comes to the conclusion that he must go it alone. He is now a psychologist: 'Beyond a feeling of conviction [concerning the organic basis of mental life] I have nothing, either theoretical or therapeutic, to work on, and so I must behave as if I were confronted by psychological factors only.' (264). The letters now move freely into metapsychology, 'a term he chooses because his psychology 'leads behind' consciousness' (246); into 'psychomythology' (237) including the psychology of religion and nationalism; into 'clinical psychology', the connection of psychopathology with 'conflict and life' (274); and into the psycho-analysis of literature (256). The case episodes become, as it were, more three-dimensional, and it occurs to him how much like 'a clever work of fiction' a case history really is. At this time, then, Freud's ability to discern with creative pleasure the forms of life around him, as well as his awareness of a wish to say truer things more perfectly, develop to their full stature. When, finally, the dream book nears completion, 'the finest—and probably the only lasting—discovery that I have made' (281), he significantly describes it to his friend as a bit of perambulation: 'The whole thing is planned on the model of an imaginary walk. First comes the dark wood of the authorities (who cannot see the trees), where there is no clear view and it is very easy to go astray. Then there is a cavernous defile through which I lead my readers—my specimens with its peculiarities, its details, its indiscretions, and its bad jokes—and then, all at once, the high ground and the prospect, and the question: "Which way do you want to go?"' (290).

On 4 November, 1899, Freud announces the publication of 'the book', adding immediately that only after publication had he become aware of 'a slip': 'Hannibal's father's name' was Hamilcar, not Hasdrubal.' (302). In *The Interpretation of Dreams*, then, when alluding to the impression during his boyhood that his father would not have been a worthy ancestor to a Hannibal, a Semitic would-be conqueror of Rome, he had given to Hannibal's father the name of Hannibal's brother.

The grumbling of discord in the Fliess letters becomes faintly noticeable early, but reaches a gradual crescendo only as *The Interpretation of Dreams* progresses. True, Freud continues to write of himself as a 'flickering light' and of Fliess as a 'steady flame' (272), and envies him

for dealing 'with light, not darkness, with the sun and not the unconscious'. (295). He compares himself with Nansen 'who discovers something new by a false route and finds that it is not so big as he expected.' But when he adds 'fortunately, the secure harmony of your nature preserves you from that' (260), a slur in the compliment is unmistakable, for it implies that Fliess's olympian harmony prevents him from making creative errors—and from recognizing them. And indeed, Fliess was gradually succumbing to Nature-philosophy and a kind of speculative mathematics; he attributed not only conception and the sex of infants, but also the date of death to laws of periodicity. When to this list he added nervous breakdowns and their cures, he blithely overrode exactly that advance of reason and technique which Freud had so laboriously and painfully conquered.

Paradoxically, when it comes to the final break-up, we have Fliess's description, and not Freud's. Freud's letters contain determined attempts at a confrontation of issues and feelings, but they also indicate that he must have worn down Fliess at least with the gratuitous interpretation of the ambivalence revealed in his own slips and dreams: 'Absurdity in dreams! It is astonishing how often you appear in them. In the *non vixit* dream I find I am delighted to have survived you.' (299). After all Fliess had not undergone an analytic process, and his amusement at the tricks of Freud's unconscious could at best have been sour-sweet. As a result of Freud's free description of his self-analysis with all its transitory pathology Fliess accuses him of 'thought-reading' (334) his own conflicts into his patients'; and Freud indicates that with this assumption Fliess tries to cover his own resistance. Freud does not believe Fliess's theory of left-handedness, and Fliess indicates that Freud may be left-handed himself—which Freud discusses most circumspectly, admitting that he had, in fact, 'two left hands' (243). There is no use looking for blame here: men who lionize one another are apt to turn on each other in the defence of their intellectual offspring. But it is noteworthy that here for the first time interpretations concerning the correspondent's unconscious motivations enter the argumentation 'ad hominem'. On Freud's part, the partial understanding of his own irrational motivations appears to have contributed to a new sense of the tragic in human affairs (fate understood yet not escaped), while Fliess seems to have maintained a certain conventional indignation, fol-

lowed years later by a clearly paranoid public defence of his priorities.

With ordinary men this is where the unsavoury matter would come to a gradual, forever uncomfortable rest. Freud's nature, and the nature of this friendship, led to the expression and documentation of one more significant crisis. Utterly disappointed over the fact that *The Interpretation of Dreams* was met with complete silence by colleagues and public ('not a leaf has stirred') Freud seems temporarily to have despaired of his medical way of life: and 'When I am not . . . master of myself . . . every single one of my patients is a tormenting spirit to me'. (312). In March of 1900, again with the approach of Easter time, another deeply moving letter goes out to Fliess: 'I must not smoke heavy cigars, alcohol does not mean anything to me, I have finished with begetting children, and I am cut off from contact with people'. (312). Fliess offers a congress at Easter time, but this time Freud refuses. 'It is more probable that I shall avoid you. . . . I conquered my depression with the aid of a special intellectual diet, and now . . . it is slowly healing. In your company . . . your fine and positive biological discoveries would rouse my innermost (impersonal) envy. . . . I should unburden my woes to you and come back dissatisfied . . . no one can help me in what depresses me, it is my cross, which I must bear. . . .' (314).

The particular nature of this cross, namely, the necessity to recognize major laws of psychology in and through his own conflicts, again becomes clear one month later. For he suddenly reports that he has recognized his patients' universal tendency to prolong the treatment and the dependence on the analyst as 'an inherent feature and . . . connected with the transference . . . such prolongation is a compromise between illness and health which patients themselves desire, and . . . the physician must therefore not lend himself to it.' (317). It is clear that he has now recognized the 'secondary gain' in his friendship as well; that he has now become his own physician who will determine his own 'Diät in intellektuellen Dingen', and that he will refuse to permit himself a further indulgence into the transference to Fliess although he will sorely miss him as 'mein einziges Publicum' ['my one audience'] (342). With this he sacrifices the deepest kind of friendship for 'there can be no substitute for the close contact with a friend which a particular—almost feminine—side of me calls for'. (318).

Freud now had to become his own father, and, as it were, the father of a people of his own. No other conclusion would, I think, do justice to the turn which this last crisis takes in the letters. It is as if Freud now had to take upon himself a depressively resigned orientation not uncommon for much older Jews who feel that they have wanted (and conquered) too much of a world that would never be theirs to keep. In some kind of filial integrity crisis, they have to take the curse of their people upon themselves. Calling himself a 'shabby old Jew' (319) ['Israelit' is the original word, with a stronger connotation of geographic displacement] he speaks with the words of a latter-day Moses: 'it will be a fitting punishment for me that none of the unexplored regions of the mind in which I have been the first mortal to set foot will ever bear my name or submit to my laws.' (318).

In July of 1900, one more congress takes place. Fliess reports that Freud now expressed a shockingly violent opposition to Fliess's contention that periodicity, rather than psychoanalysis, brought about sudden deteriorations or improvements in the patients. Fliess interpreted it all as an outcome of that envy which he had noticed at some earlier time in Vienna, and which he had, at the time, reported to his wife and to 'Frau Hofkapellmeister Schalk, nee Hopfen, who will gladly confirm it'. (324).

In September, 1901, Freud visits Rome. His tender and sober description of this much delayed wish-fulfilment is the second to the last long letter in the (published) correspondence. The last is the report on the steps which Freud subsequently took to assure himself that clinical professorship which was to put the practice of his speciality on a sound social and economic basis. 'Others are just as clever, without having to go [the German says 'to come'] to Rome first.' (344). The last letters, now again letters of one doctor to another, do not reach into that time of Freud's life when the inner empire of psycho-analysis itself replaced the Romes ('die römischen Träume') of his early aspirations.

VIII

In the course of this review I have found it necessary to correct the translation of a few strategic utterances. I should make it clear that the translation, on the whole, is readable and accurate. It establishes, in these many-layered communications, a safe level of discourse, and sticks to it; to be more accurate would have meant to be less readable. Yet, the

lovers of Freud's German style which becomes more freely Viennese in some of the letters will mourn the loss of many an astonishing turn of phrase. Of English-speaking psychologists only William James could have matched the manly abundance and tender strength of expression, the courage of precision, the play of literary allusions, colloquialisms, and neologisms, which make up Freud's German (for which, after all, he received the Goethe prize); but James would have made James of it all. Goetheisms such as 'Dämmergedanken, Schleierzweifel' ('cloudy thoughts and veiled doubts') (211) are not translatable. Viennese, native and elective, will admit that such phrases as 'eine zwanzig Individuen starke Kinderjause', are not conducive to translation. They will smile resignedly when 'eine grantige Periode' becomes 'a fit of gloom' (213). As it is, this pleasantly even translation, for the most part, is like a good reproduction in black and white of a many-coloured print.

In some parts, however, more essential tones and shades are missed. In the very first letter Freud speaks of the fact that a patient has left him with 'einiger Pein des Entschliessens' ['some torment of decision']; the translation 'I cannot make up my mind about her' (51) hardly renders the personal urgency which, from then on, will pervade matters of differential diagnosis. In one of the last letters, he dramatically appeals to the fading friend: 'Jetzt sieh einmal an' ['Now look here']. The translation says: 'You see what happens' (272). The very salutations of the letters which in German climb from the equivalent of 'honoured' and 'esteemed' to those of 'dearest', in English range from a formal 'dear' to a more formal 'my dear'. And not even a marginal Viennese would conclude his letter to an intimate friend with 'heartiest' greetings. The German equivalent of 'heartiest' would be 'herzhaft', while Freud's 'herzlichst' is an affectionate 'warmest'.

The reviewer found himself checking a considerable number of phrases which, so he felt, Freud could not have uttered. For example, he could not have said that 'Girls are normally healthy' (69); and indeed he wrote 'das Mädchen ist normalerweise frisch', meaning 'she enters marriage untouched by neurasthenia'. He could not have said 'Happy is he who does not outlive his reputation' (21); and indeed, he says that such a deceased one is 'beneidenswert' = 'enviable'. He could not have said to Fliess

that he always found comfort 'in relying on your judgement' (288); and indeed, he found such comfort in the 'Zuversicht Deiner Äusserungen', meaning in the 'self-assurance of your judgements'. Freud could not have said: 'I can hardly tell you how many things I (a new Midas) turn into—filth' (240). He said instead, 'How many things . . . turn to filth before my eyes' ('was sich mir in Dreck auflöst!'). It would seem inconceivable that Freud could say, 'When I am not afraid I can take on all the devils in hell' (183). And indeed, this bit of translation does injustice to the man *and* to his theory, for he wrote 'When I happen to be free of anxiety' ('Wenn ich gerade keine Angst habe'). If, on the whole, my criticisms of the translation seem quibbling, they are meant to indicate in how many different ways a translation can fail to fathom all the nuances of Freud's surprising personal style, and that he who wishes to quote in order to make a point, had better first consult the German. This does not apply to Mr. Strachey's both accurate and felicitous translation of the difficult theoretical parts, the original style of which is, of course, more impersonally precise.

To summarize a summary, the letters and drafts contained in this volume show the reflection in a correspondence of the fabric that creative thought is made of. We see mirrored in a correspondence-personality the inner relationship of a man's thoughts to the main currents of his time, and that of a man's gifts to his inner motivations. This correspondence does much to dispel that nebulous uncertainty which surrounded the origin of psycho-analysis and easily led to the impression that our science had issued from Freud's head as did Athene from Zeus'. Since from such an image we have derived some reflected omnipotence, this book is somewhat of a trauma, albeit beneficial if slowly absorbed. To neutralize its immediate impact we may feel tempted to highlight the neurotic in it or the creative, the infantile or the great, the emotional or the intellectual, the medical or the psychological. To this Freud, if he cared, could say with (Prof. Cornford's) Pythagoras: 'What is your warrant for valuing one part of my experience and rejecting the rest? . . . If I had done so, you would never have heard my name.'

METAPSYCHOLOGICAL AND CLINICAL ASPECTS OF REGRESSION WITHIN THE PSYCHO-ANALYTICAL SET-UP¹

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SYNOPSIS

Attention is drawn to the subject of regression as it occurs in the psycho-analytic setting. Case reports of successful psychological treatments of adults and children show that techniques that allow of regression are increasingly being used. It is the psycho-analyst, familiar with the technique required in treatment of psycho-neurosis, who can best understand regression and the theoretical implication of the patient's expectations that belong to the need to regress.

Regression can be of any degree, localized and momentary, or total and involving a patient's whole life over a phase. The less severe regressions provide fruitful material for research.

Emerging from such study comes a fresh understanding of the 'true self' and 'false self', and of the 'observing ego', and of the ego-organization which enables regression to be a healing mechanism, one that remains potential unless there be provided a new and reliable environmental adaptation which can be used by the patient in correction of the original adaptive failure.

Here the therapeutic work in analysis links up with that done by child care, by friendship, by enjoyment of poetry, and cultural pursuits generally. But psycho-analysis can allow and use the hate and anger belonging to the original failure, important effects which are liable to destroy the value of therapeutics brought about by non-analytic methods.

On recovery from regression the patient, with the self now more fully surrendered to the ego, needs ordinary analysis as designed for the management of the depressive position and of the Oedipus complex in interpersonal relationships. For this reason, if for no other, the student should acquire proficiency in the analysis of the carefully-chosen non-psychotic before proceeding to the study of regression. Preliminary work can be done, however,

by a study of the setting in classical psycho-analysis.

AIM

It is my aim in writing this paper to bring forward for discussion the matter of regression as it appears in the course of psycho-analysis.

The study of the place of regression in analytic work is one of the tasks Freud left us to carry out, and I think it is a subject for which this Society is ready. I am trying to put something into words, something which belongs to psycho-analysis to-day, and I base this idea on the fact that material relevant to the subject occurs frequently in papers read before the Society. Usually attention is not specifically drawn to this aspect of our work, or else it is referred to casually under the guise of the intuitive or 'art' aspect of psycho-analytic practice.

The subject of regression is one that has been forced on my attention by certain cases during the past dozen years of my clinical work. It is, of course, too vast for full presentation here and now. I shall choose therefore those aspects that seem to me to introduce the discussion in a fruitful way.

PRELIMINARY CONSIDERATIONS

Analysis is not only a technical exercise. It is something that we become able to do when we have reached a stage in acquiring a basic technique. What we become able to do enables us to co-operate with the patient in following the process, that which in each patient has its own pace and which follows its own course; all the important features of this process derive from the patient and not from ourselves as analysts.

Let us therefore clearly keep before our minds the difference between technique and the carrying through of a treatment. It is possible to carry through a treatment with limited tech-

nique, and it is possible with highly developed technique to fail to carry through a treatment.

Let us also bear in mind that by the legitimate method of careful choice of case we may and usually do avoid meeting aspects of human nature that must take us beyond our technical equipment.

CLASSIFICATION

Choice of case implies classification. For my present purpose I group cases according to the technical equipment they require of the analyst. I divide cases into the following three categories. *First* there are those patients who operate as whole persons and whose difficulties are in the realm of interpersonal relationships. The technique for the treatment of these patients belongs to psycho-analysis as it developed in the hands of Freud at the beginning of the century.

Then *secondly* there come the patients in whom the wholeness of the personality only just begins to be something that can be taken for granted; in fact one can say that analysis has to do with the first events that belong to and inherently and immediately follow not only the achievement of wholeness but also the coming together of love and hate and the dawning recognition of dependence. This is the analysis of the stage of concern, or of what has come to be known as the "depressive position". These patients require the analysis of mood. The technique for this work is not different from that needed by patients in the first category; nevertheless some new management problems do arise on account of the increased range of clinical material tackled. Important from our point of view here is the idea of the *survival of the analyst* as a dynamic factor.

In the *third* grouping I place all those patients whose analyses must deal with the early stages of emotional development before and up to the establishment of the personality as an entity before the achievement of space-time unit status. The personal structure is not yet securely founded. In regard to this third grouping, the accent is more surely on management, and sometimes over long periods with these patients ordinary analytic work has to be in abeyance, management being the whole thing.

To recapitulate in terms of environment, one can say that in the first grouping we are dealing with patients who develop difficulties in the ordinary course of their home life, assuming a home life in the pre-latency period, and assuming satisfactory development at the earlier

infantile stages. In the second category, the analysis of the depressive position, we are dealing with the mother-child relationship especially around the time that weaning becomes a meaningful term. The mother holds a situation in time. In the third category there comes primitive emotional development, that which needs the mother actually holding the infant.

CASE

Into the last of these three categories falls one of my patients who has perhaps taught me most about regression. On another occasion I may be able to give a full account of this treatment, but at present I must do little more than point out that I have had the experience of allowing a regression absolutely full sway, and of watching the result.

Briefly, I have had a patient (a woman now fifty) who had had an ordinary good analysis before coming to me but who obviously still needed help. This case had originally presented itself as one in the first category of my classification, but although the diagnosis of psychosis would never have been made by a psychiatrist, an analytical diagnosis needed to be made that took into account a very early development of a false self. The false self had played into the analysis of hysteria. For treatment to be effectual, there had to be a regression in search of the true self. Fortunately in this case I was able to manage the whole regression myself, that is to say, without the help of an institution. I decided at the start, six and a half years ago, that the regression must be allowed its head, and no attempt, except once near the beginning, was made to interfere with the regressive process which followed its own course. (The one occasion was an interpretation I made, arising out of the material, of oral erotism and sadism in the transference. This was correct but about six years too early and out of place because of the regression of the patient that I did not yet fully believe in. For my own sake I had to test the effect of one ordinary interpretation. When the time came for the interpretation it had become unnecessary). It was a matter of about three or four years before the depth of the regression was reached, following which there started up a progress in emotional development. There has been no new regression. There has been an absence of chaos, though chaos has always threatened.

I have therefore had a unique experience even for an analyst. I cannot help being different from what I was before this analysis started. Non-analysts would not know the tremendous amount that this kind of experience of one patient can teach, but amongst analysts I can expect it to be fully understood that this one experience that I have had has tested psycho-analysis in a special way, and has taught me a great deal.

The treatment and management of this case has

called on everything that I possess as a human being as a psycho-analyst, and as a pediatrician. I have had to make personal growth in the course of this treatment which was painful and which I would gladly have avoided. In particular I have had to learn to examine my own technique whenever difficulties arose, and it has always turned out in the dozen or so resistance phases that the cause was in a counter-transference phenomenon which necessitated further self-analysis in the analyst. It is not my aim in this paper to give a description of this case, since one must choose whether to be clinical or theoretical in one's approach, and I have chosen to be theoretical. Nevertheless I have this case all the time in mind.

The main thing is that in this case, as in many others that have led up to it in my practice, I have needed to re-examine my technique, even that adapted to the more usual case. Before I explain what I mean I must explain my use of the word regression.

DEFINITION OF REGRESSION

For me, the word regression simply means the reverse of progress. This progress itself is the evolution of the individual, psyche-soma, personality and mind with (eventually) character formation and socialization. Progress starts from a date certainly prior to birth. There is a biological drive behind progress. It is one of the tenets of psycho-analysis that health implies continuity in regard to this evolutionary progress of the psyche and that health is maturity of emotional development appropriate to the age of the individual, maturity that is to say in regard to this evolutionary process.

ORGANIZATION MAKING REGRESSION POSSIBLE

On closer examination one observes immediately that *there cannot be a simple reversal of progress*. For this progress to be reversed there has to be in the individual an organization which enables regression to occur.

We see:

- (a) A failure of adaptation on the part of the environment that results in the development of a false self.
- (b) A belief in the possibility of a correction of the original failure represented by a latent capacity for regression which implies a complex ego organization.
- (c) Specialized environmental provision, followed by actual regression.
- (d) New forward emotional development, with complications that will be described later.

Incidentally I think it is not useful to use the word regression whenever infantile behaviour appears in a case history. The word regression has derived a popular meaning which we need not adopt. When we speak of regression in psycho-analysis we imply the existence of an ego organization and a threat of chaos. There is a great deal for study here in the way in which the individual stores up memories and ideas and potentialities. It is as if there is an expectation that favourable conditions may arise justifying regression and offering a new chance for forward development, that which was rendered impossible or difficult initially by environmental failure.

It will be seen that I am considering the idea of regression within a highly organized ego-defence mechanism, one which involves the existence of a false self. In my patient this false self gradually became a 'caretaker self', and only after some years could the caretaker self become handed over to the analyst, and the self surrender to the ego.

One has to include in one's theory of the development of a human being the idea that it is normal and healthy for the individual to be able to defend the self against specific environmental failure by a *freezing of the failure situation*. Along with this goes an unconscious assumption (which can become a conscious hope) that opportunity will occur at a later date for a renewed experience in which the failure situation will be able to be unfrozen and re-experienced, with the individual in a regressed state, in an environment that is making adequate adaptation. The theory is here being put forward of regression as part of a healing process, in fact, a normal phenomenon that can properly be studied in the healthy person. In the very ill person there is but little hope of new opportunity. In the extreme case the therapist would need to go to the patient and actively present good mothering, an experience that could not have been expected by the patient.

There are several ways in which the healthy individual deals with specific early environmental failures; but there is one of them that I am calling here the *freezing of the failure situation*. There must be a relation between this and the concept of the fixation point.

REGRESSION TO FIXATION POINTS

In psycho-analytic theory we often state that in the course of instinct development in the pre-genital phases unfavourable situations can create

fixation points in the emotional development of the individual. At a later stage, for instance at the stage of genital dominance, that is to say when the whole person is involved in interpersonal relationships (and when it is quite ordinarily Freudian to speak about the Oedipus complex and castration fears), anxiety may lead to a regression in terms of instinct quality to that operative at the fixation point, and the consequence is a reinforcement of the original failure situation. This theory has proved its value and is in daily use, and there is no need to abandon it while at the same time looking at it afresh.

A simple example would be that of a boy whose infancy had been normal, who was given an enema, first by his mother, and then by a group of nurses who had to hold him down, at the time of tonsillectomy. He was then two. Following this he had bowel difficulty but at the age of nine (age at consultation) he appears clinically as a severe case of constipation. In the meantime there has been a serious interference with his emotional development in terms of genital fantasy. In this case there happens to be the complication that the boy has reacted to the giving of the enema as if it had been a revenge on the part of the mother on account of his homosexuality, and what went into repression was the homosexuality and along with it the anal erotic potential. In the analysis of this boy one knows that there would be acting out to be dealt with, a repetition compulsion associated with the original trauma. One knows also that the changes in this boy would not follow a simple re-enactment of the trauma but would follow ordinary Oedipus complex interpretation in the transference neurosis.

I give this as an ordinary case illustrating a symptom which was a regression to a fixation point where a trauma was clearly present.

REGRESSION TO GOOD EXPERIENCE PATTERNS

Analysts have found it necessary to postulate that more normally there are *good* pregenital situations to which the individual can return when in difficulties at a later stage. This is a health phenomenon. There has thus arisen the idea of two kinds of regression in respect of instinct development, the one being a going back to an early failure situation and the other to an early success situation.

I think that insufficient attention has been drawn to the difference between these two phenomena. In the case of the environmental failure situation what we see is evidence of *personal defences* organized by the individual

and requiring analysis. In the case of the more normal early success situation what we see more obviously is the memory of *dependence*, and therefore we encounter an *environmental situation* rather than a personal defence organization. The personal organization is not so obvious because it has remained fluid, and less defensive. I should mention at this point that I am relying on an assumption which I have often made before and which is by no means always accepted, namely, that towards the theoretical beginning there is less and less of personal failure, eventually only failure of environmental adaptation.

We are concerned, therefore, not merely with regression to good and bad points in the instinct experiences of the individual, but also to good and bad points in the environmental adaptation to ego needs and id needs in the individual's history.

REGRESSION AS REVERSAL OF PROGRESS

We can think in terms of genital and pre-genital stages of the development of *instinct* quality, we can use the word regression simply as a reversal of progress, a voyage back from genital to phallic, phallic to excretory, excretory to ingestive. But however much we develop our thinking in this direction we have to admit that a great deal of clinical material cannot be fitted into the framework of this theory.

The alternative is to put the accent on ego development and ego-dependence, and in this case when we speak of regression we immediately speak of environmental adaptation in its successes and failures. One of the points that I am trying to make especially clear is that our thinking on this subject has been confused by an attempt to trace back the ego without ourselves evolving as we go an increasing interest in environment. We can build theories of *instinct* development and agree to leave out the environment, but there is no possibility of doing this in regard to formulation of *early ego* development. We must always remember, I suggest, that the end result of our thinking about ego development is primary narcissism. In primary narcissism the environment is holding the individual, and *at the same time* the individual knows of no environment and is at one with it.

If I had time I would point out the way in which an organized regression is sometimes confused by clinicians with pathological withdrawal and defensive splittings of various kinds. These states are related to regression in the sense

that they are defensive organizations. The organization that makes regression useful has this quality distinct from the other defence organizations in that it carries with it the hope of a new opportunity for an unfreezing of the frozen situation and a chance for the environment, that is to say, the present-day environment, to make adequate though belated adaptation.

From this is derived the fact, if it be a fact, that it is from psychosis that a patient can make spontaneous recovery, whereas psycho-neurosis makes no spontaneous recovery and the psychoanalyst is truly needed. In other words, psychosis is closely related to health, in which innumerable environmental failure situations are frozen but are reached and unfrozen by the various healing phenomena of ordinary life, namely friendships, nursing during physical illness, poetry, etc., etc.

REGRESSION TO DEPENDENCE

It seems to me that it is only lately in the literature that *regression to dependence* has taken its rightful place in clinical descriptions. The reason for this must be that it is only recently that we have felt strong enough in our understanding of individual psyche-soma and mental development to be able to allow ourselves to examine and allow for the part that environment plays.

REGRESSION IN THE ANALYTIC SITUATION

I now want to go directly to Freud, and I want to make a somewhat artificial distinction between two aspects of Freud's work. We see Freud developing the psycho-analytic method out of the clinical situation in which it was logical to use hypnosis.

FREUD'S OWN TECHNIQUE

(a) Choice of Case

Let us look and see what Freud did in choosing his cases. We can say that out of the total psychiatric pool, which includes all the mad people in asylums as well as those outside, he took those cases which had been *adequately provided for in earliest infancy*, the psycho-

neurotics. It might not be possible to confirm this by a close examination of the early cases on which Freud did work, but of one thing we can be certain, and this is most important, that Freud's own early personal history was of such a kind that he came to the Oedipus or prelatency period in his life as a whole human being, ready to meet whole human beings, and ready to deal in interpersonal relationships. His own infancy experiences had been good enough, so that in his self-analysis he could take the mothering of the infant for granted.

Freud takes for granted the early mothering situation and my contention is that *it turned up in his provision of a setting for his work*, almost without his being aware of what he was doing. Freud was able to analyse himself as an independent and whole person, and he interested himself in the anxieties that belong to interpersonal relationships. Later of course he looked at infancy theoretically and postulated pregenital phases of instinct development, and he and others proceeded to work out details and to go further and further back in the history of the individual. This work on the pregenital phases could not come to full fruition because it was not based on the study of patients who needed to regress in the analytic situation.²

(b) The Two Aspects

Now I wish to make clear in what way I artificially divide Freud's work into two parts. First, there is the technique of psycho-analysis as it has gradually developed, and which students learn. The material presented by the patient is to be *understood* and to be *interpreted*. And, second, there is the *setting* in which this work is carried through.

THE SETTING

Let us now glance at Freud's setting. I will enumerate some of the very obvious points in its description.

- (1) At a stated time daily, five or six times a week, Freud put himself at the service of the patient. (This time was arranged to suit the convenience of both the analyst and the patient.)

² You will observe that I am not saying that this theoretical work on pregenital instinct could not succeed on account of a lack in Freud of direct contact with infants, because I see no reason why Freud should not have had very good experience as an observer of the mother-infant situation within his own family and his work. Further I am reminded that Freud worked in a children's clinic and made detailed observation on infants

when studying Little's disease. The point that I wish to make here is that *fortunately* for us Freud found his interest at the beginning not in the patient's need to regress in the analysis but in what happens in the analytic situation when regression is *not* necessary and when it is possible to take for granted the work done by the mother and by the early environmental adaptation in the individual patient's past history.

- (2) The analyst would be reliably there, in time, alive, breathing.
- (3) For the limited period of time prearranged (about an hour) the analyst would keep awake and become preoccupied with the patient.
- (4) The analyst expressed love by the positive interest taken, and hate in the strict start and finish and in the matter of fees. Love and hate were honestly expressed, that is to say not denied by the analyst.
- (5) The aim of the analysis would be to get into touch with the process of the patient, to understand the material presented, to communicate this understanding in words. Resistance implied suffering and could be allayed by interpretation.
- (6) The analyst's method was one of objective observation.
- (7) This work was to be done in a room, not a passage, a room that was quiet and not liable to sudden unpredictable sounds, yet not dead quiet and not free from ordinary house noises. This room would be lit properly, but not by a light staring in the face, and not by a variable light. The room would certainly not be dark and it would be comfortably warm. The patient would be lying on a couch, that is to say comfortable if able to be comfortable, and probably a rug and some water would be available.
- (8) The analyst (as is well known) keeps moral judgement out of the relationship, has no wish to intrude with details of the analyst's personal life and ideas, and the analyst does not wish to take sides in the persecutory systems even when these appear in the form of real shared situations, local, political, etc. Naturally if there is a war or an earthquake or if the king dies the analyst is not unaware.
- (9) In the analytic situation the analyst is much more reliable than people are in ordinary life; on the whole punctual, free from temper tantrums, free from compulsive falling in love, etc.
- (10) There is a very clear distinction in the analysis between fact and fantasy, so that the analyst is not hurt by an aggressive dream.
- (11) An absence of the talion reaction can be counted on.
- (12) The analyst survives.

ANALYST BEHAVES

A good deal more could be said, but the whole thing adds up to the fact that the analyst *behaves* himself or herself, and behaves without too much cost simply because of being a relatively mature person. If Freud had not behaved well he could not have developed the psycho-analytic technique or the theory to which the use of his technique led him. This is true however clever he might at the same time have been. The main point is that almost any one detail can be found to be of extreme importance at a specific phase of an analysis involving some regression of the patient.

There is rich material here for study, and it will be noted that there is a very marked similarity between all these things and the ordinary task of parents, especially that of the mother with her infant or with the father playing a mother role, and in some respects with the task of the mother at the very beginning.

Let me add that for Freud there are three people, one of them excluded from the analytic room. If there are only two people involved then there has been a regression of the patient in the analytic setting, and the setting represents the mother with her technique, and the patient is an infant. There is a further state of regression in which there is only one present, namely the patient, and this is true even if in another sense, from the observer's angle, there are two.

THESIS

My thesis up to this point can be stated thus:

- A. Psychotic illness is related to environmental failure at an early stage of the emotional development of the individual. The sense of futility and unrealness belongs to the development of a false self which develops in protection of the true self.
- B. The setting of analysis reproduces the early and earliest mothering techniques. It invites regression by reason of its reliability.
- C. The regression of a patient is an organized return to early dependence or double dependence. The patient and the setting merge into the original success situation of primary narcissism.
- D. Progress from primary narcissism starts anew with the true self able to meet environmental failure situations without organization of the defences that involve a false self protecting the true self.

- E. To this extent psychotic illness can only be relieved by specialized environmental provision interlocked with the patient's regression.
- F. Progress from the new position, with the true self surrendered to the total ego, can now be studied in terms of the complex processes of individual growth.

In practice there is a sequence of events:

- (1) The provision of a setting that gives confidence.
- (2) Regression of the patient to dependence, with due sense of the risk involved.
- (3) The patient feeling a new sense of self, and the self hitherto hidden becoming surrendered to the total ego. A new progression of the individual processes which had stopped.
- (4) An unfreezing of an environmental failure situation.
- (5) From the new position of ego strength, anger related to the early environmental failure, felt in the present and expressed.
- (6) Return from regression to dependence, in orderly progress towards independence.
- (7) Instinctual needs and wishes becoming realizable with genuine vitality and vigour.

All this repeated again and again.

PSYCHOSIS: ORGANIZED OR CHAOTIC

Here a comment must be made on the diagnosis of psychosis.

In consideration of a group of mad people there is a big distinction to be drawn between those whose defences are in a chaotic state, and those who have been able to organize an illness. It must surely be that when psycho-analysis comes to be applied to psychosis it will be more likely to succeed where there is a highly organized illness. My own personal horror of leucotomy and suspicion of E.C.T. derives from my view of psychotic illness as a defensive organization designed to protect the true self; and also, from my feeling that apparent health with a false self is of no value to the patient. Illness, with the true self well hidden away, however painful, is the only good state unless we can go back with the patient as therapists and displace the original environmental-failure situation.

CLINICAL REGRESSION AND FLIGHT TO SANITY

Another consideration follows naturally here. In a group of psychotic patients there will be those who are clinically regressed and those who

are not. It is by no means true that the clinically regressed are the more ill. From the psychoanalyst's point of view it may be easier to tackle the case of a patient who has had a breakdown than to tackle a comparable case in a state of flight to sanity.

It takes a great deal of courage to have a breakdown, but it may be that the alternative is a *flight to sanity*, a condition comparable to the manic defence against depression. Fortunately in most of our cases the breakdowns can be caught within the analytic hours, or they are limited and localized so that the social milieu of the patient can absorb them or cope with them.

ELUCIDATION

- A. To clarify the issue I wish to make a few comparisons. The couch and the pillows are there for the patient's use. They will appear in ideas and dreams and then will stand for the analyst's body, breasts, arms, hands, etc., in an infinite variety of ways. In so far as the patient is regressed (for a moment or for an hour or over a long period of time) the couch is the analyst, the pillows are breasts, the analyst is the mother at a certain past era. In the extreme it is no longer true to say the couch stands for the analyst.
- B. It is proper to speak of the patient's *wishes*, the wish (for instance) to be quiet. With the regressed patient the word *wish* is incorrect; instead we use the word *need*. If a regressed patient *needs* quiet, then without it nothing can be done at all. If the need is not met the result is not anger, only a reproduction of the environmental failure situation which stopped the processes of self growth. The individual's capacity to 'wish' has become interfered with, and we witness the reappearance of the original cause of a sense of futility.
- C. The regressed patient is near to a reliving of dream and memory situations; an acting out of a dream may be the way the patient discovers what is urgent, and talking about what was acted out follows the action but cannot precede it.
- D. Or take the detail of being on time. The analyst is not one who keeps patients waiting. Patients dream about being kept waiting and all the other variations on the theme, and they can be angry when the analyst is late. This is all part of the way the material goes. But patients who

regress are different about the initial moment. There come phases when everything hangs on the punctuality of the analyst. If the analyst is there ready waiting, all is well—if not, well then both analyst and patient may as well pack up and go home, since no work can be done. Or, if one considers the patient's own unpunctuality, a neurotic patient who is late may perhaps be in a state of negative transference. A depressive patient is more likely by being late to be giving the analyst a little respite, a little longer for other activities and interests (protection from aggression, greed).

The psychotic (regressive) patient is probably late because there is not yet established any hope that the analyst will be on time. It is futile to be on time. So much hangs on this detail that the risk cannot be taken, so the patient is late; therefore no work gets done.

- E. Again, neurotic patients like to have the third person always *excluded*, and the hate roused by sight of other patients may disturb the work in unpredictable ways. Depressive patients may be glad to see other patients till they reach the primitive or greedy love, which engenders their guilt. Regressive patients either have no objection to there being other patients or else they cannot conceive of there being another patient. Another patient is none other than a new version of the self.
- F. A patient curls up on the couch and rests the head on the hand and seems warm and contented. The rug is right over the head. The patient is alone. Of course we are used to all varieties of angry withdrawal, but the analyst has to be able to recognize this *regressive* withdrawal in which he is not being insulted but is being used in a very primitive and positive way.
- G. Another point is that regression to dependence is part and parcel of the analysis of early infancy phenomena, and if the couch gets wetted, or if the patient soils, or dribbles, we know that this is inherent, not a complication. Interpretation is not what is needed, and indeed speech or even movement can ruin the process and can be excessively painful to the patient.

THE OBSERVER SELF

An important element in this theory is the

postulate of the observing ego. Two patients very similar in their immediate clinical aspect may be very different in regard to the degree of organization of the observer ego. At one extreme the observing ego is almost able to identify with the analyst and there can be a recovery from the regression at the end of the analytic hour. At the other extreme there is very little observing ego, and the patient is unable to recover from the regression in the analytic hour, and must be nursed.

ACTING OUT

Acting out has to be tolerated in this sort of work, and with the acting out in the analytic hour the analyst will find it necessary to play a part, although usually in token form. There is nothing more surprising both to the patient and to the analyst than the revelations that occur in these moments of acting out. The actual acting out in the analysis is only the beginning, however, and there must always follow a putting into words of the new bit of understanding. There is a sequence here:

- (1) A statement of what happened in the acting out.
- (2) A statement of what was needed of the analyst. From this can be deduced:
- (3) What went wrong in the original environmental failure situation.

This produces some relief, but there follows:

- (4) Anger belonging to the original environmental failure situation. This anger is being felt perhaps for the first time, and the analyst may now have to take part by being used in respect of his failures rather than of his successes. This is disconcerting unless it is understood. The progress has been made through the analyst's very careful attempt at adaptation, and yet it is the *failure* that at this moment is singled out as important on account of its being a reproduction of the original failure or trauma. In favourable cases there follows at last:
- (5) A new sense of self in the patient and a sense of the progress that means true growth. It is this last that must be the analyst's reward through his identification with his patient. Not always will a further stage arrive in which the patient is able to understand the strain which the analyst has undergone and is able to say thank-you with real meaning.

ENVIRONMENTAL ADAPTATION AND STRAIN

This strain on the analyst is considerable, especially if lack of understanding and unconscious negative countertransference complicates the picture. On the other hand, I can say that in this particular treatment I have never felt bewildered, and this is to some extent a compensation. The strain can be quite simple.

In one vitally important hour near the beginning of the treatment I remained and knew I must remain absolutely still, only breathing. This I found very difficult indeed, especially as I did not yet know the special significance of the silence to my patient. At the end the patient came round from the regressed state and said: 'Now I know you can do my analysis.'

ORGANIZED REGRESSION TO DEPENDENCE

The idea is sometimes put forward: of course everyone wants to regress; regression is a picnic; we must stop our patients from regression; or, Winnicott likes or invites his patients to regress.

Let me make some basic observations on the subject of organized regression to dependence.

(1) This is always extremely painful for the patient,

(a) at one extreme is the patient who is fairly normal; here pain is experienced almost all the time;

(b) midway we find all degrees of painful recognition of the precariousness of dependence and of double dependence;

(c) at the other extreme is the mental hospital case; here the patient presumably does not suffer at the time on account of dependence. Suffering results from sense of futility, unrealness, etc.

This is not to deny that in a localized way extreme satisfaction can be derived from the regression experience. This satisfaction is not sensuous. It is due to the fact that regression reaches and provides a starting-place, what I would call a *place* from which to operate. The self is reached. The subject becomes in touch with the basic self-processes that constitute true development, and what happens from here is felt as real. The satisfaction belonging to this is so much more important than any sensuous element in the regression experience that the latter need not be more than mentioned in this connection.

(2) There are no reasons why an analyst should *want* a patient to regress, except grossly pathological reasons. If an analyst likes patients to regress, this must eventually interfere with the management of the regressed situation. Further, psycho-analysis which involves clinical regression is very much more difficult all along than that in which no special adaptive environmental provision has to be made. In other words it would be pleasant if we were to be able to take for analysis only those patients whose mothers at the very start and also in the first months had been able to provide good enough conditions. But this era of psycho-analysis is steadily drawing to a close.

ANALYSTS' REACTIONS TO LOCALIZED REGRESSIONS

But the question arises, what do analysts do when regression (even of minute quantity) turns up?

(1) Some crudely say: 'Now sit up! Pull your socks up! Come round! Talk! etc.

But this is not psycho-analysis.

(2) Some divide their work into two parts, though unfortunately they do not always fully acknowledge this:

(a) they are strictly analytic (free association in words; interpretation in words; no reassurances);

and also

(b) they act intuitively.

Here comes the idea of psycho-analysis as an *art*.

(3) Some say: 'unanalysable,' and throw up the sponge. A mental hospital takes over.

The idea of psycho-analysis as an art must gradually give way to a study of environmental adaptation relative to patients' regressions. But while the scientific study of environmental adaptation is undeveloped, then I suppose analysts must continue to be artists in their work. An analyst may be a good artist, but (as I have frequently asked): what patient wants to be someone else's poem or picture?

CAUTION

I know from experience that some will say: all this leads to a theory of development which ignores the early stages of the development of the individual, which ascribes early development to environmental factors. This is quite untrue.

In the early development of the human being the environment that behaves well enough (that makes good enough active adaptation) *enables personal growth to take place*. The self processes then may continue active, in an unbroken line of living growth. If the environment behaves not well enough, then the individual is engaged in reactions to impingement, and the self processes are interrupted. If this state of affairs reaches a quantitative limit the core of the self begins to get protected; there is a hold-up, the self cannot make new progress unless and until the environment failure situation is corrected in the way I have described. With the true self protected there develops a false self built on a defence-compliance basis, the acceptance of reaction to impingement. The development of a false self is one of *the most successful defence organizations* designed for the protection of the true self's core, and its existence results in the sense of futility. I would like to repeat myself and to say that while the individual's operational centre is in the false self there is a sense of futility, and in practice we find the change to the feeling that life is worth while coming at the moment of shift of the operational centre from the false to the true self, even before full surrender of the self's core to the total ego.

From this one can formulate a fundamental principle of existence: that which proceeds from the true self feels real (later good) whatever its nature, however aggressive; that which happens in the individual as a reaction to environmental impingement feels unreal, futile (later bad), however sensually satisfactory.

REGRESSION AND REASSURANCE

Lastly, let us examine the concept of regression by putting up against it the concept of reassurance. This becomes necessary because of the fact that the adaptive technique that must meet a patient's regression is often classed (wrongly, I am sure) as reassurance.

We assume that reassurance is not part of the psycho-analytic technique. The patient comes into the analytic setting and goes out of it, and within that setting there is no more than interpretation, correct and penetrating and well-timed.

In teaching psycho-analysis we must continue to speak against reassurance.

As we look a little more carefully, however, we see that this is too simple a language. It is not just a question of reassurance and no reassurance.

In fact, the whole matter needs examination. What is a reassurance? What could be more reassuring than to find oneself being well analysed, to be in a reliable setting with a mature person in charge, capable of making penetrating and accurate interpretation, and to find one's personal process respected? It is foolish to deny that reassurance is present in the classical analytic situation.

The whole set-up of psycho-analysis is one big reassurance, especially the reliable objectivity and behaviour of the analyst, and the transference interpretations constructively using instead of wastefully exploiting the moment's passion.

This matter of reassurance is much better discussed in terms of *countertransference*. Reaction formations in the behaviour of the analyst are harmful not because they appear in the form of reassurances and denials but because they represent repressed unconscious elements in the analyst, and these mean limitation of the analyst's work.

What would be said of an analyst's *inability* to reassure? If an analyst were himself suicidal? *A belief in human nature and in the developmental process exists in the analyst* if work is to be done at all, and this is quickly sensed by the patient.

There is no value to be got from describing regression to dependence, with its concomitant environmental adaptation, in terms of reassurance, just as there is a very real point in considering harmful reassurance in terms of countertransference.

PRACTICAL APPLICATIONS

What, if anything, am I asking analysts to do about these matters in their practical work?

- (1) I am *not* asking them to take on psychotic patients.
- (2) Nothing I have said affects the principles of ordinary practice in so far as
 - (a) the analyst is in the first decade of his analytic career;
 - (b) the case is a true neurotic (not psychotic).
- (3) I do suggest that while analysts are waiting to be in a position, through their increasing personal experience, to tackle a case in which regression must occur, there is much they can do to prepare themselves. They can:
 - (a) watch the operation of setting factors;

- (b) watch the minor examples of regression with natural termination that appear in the course of analytic sessions, and
- (c) watch and use the regressive episodes that occur in the patient's life outside analysis, episodes, I may say, which are usually wasted, much to the impoverishment of the analysis.

The main result of the ideas I am putting forward, if they are accepted, will be a more accurate rich and profitable use of the setting phenomena in ordinary analyses of non-psychotics, resulting, I believe, in a new approach to the understanding of psychosis, and its treatment by psycho-analysts doing psycho-analysis.

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A PRESUMPTIVELY TELEPATHIC-PRECOGNITIVE DREAM DURING ANALYSIS

By EMILIO SERVADIO, ROME

The following is an example of a 'paranormal' occurrence during analysis such as has been repeatedly observed and reported by Freud, Hollos, H. Deutsch, Burlingham, Ehrenwald, Fodor, Eisenbud, Pederson-Krag, Gillespie, Rubin, myself, and others (see References at end). I consider it particularly interesting for the following main reasons: (1) Because of the admixture of 'telepathic' and 'precognitive' elements in the analytic material (a dream); (2) because it seems to me that the material itself can be satisfactorily explained and fully justified in a psychodynamic frame of reference *only* if we take the aforesaid elements into account; (3) because the case shows once more that the 'paranormal' material which inserts itself into a psychological situation is submitted—as Freud first indicated—to the laws and mechanisms of the primary process; (4) because the case itself shows the particular importance in such occurrences of the transference-counter-transference relation.

The dreamer, whom I shall call A, is a patient in his thirties, suffering from an obsessional neurosis and labouring under the delayed influence of an emotionally 'dry' childhood. His main symptomatic defences and phantasies concern ideas of contamination and infection by 'worms' and other intestinal parasites, of venereal diseases, etc. When he had the dream, analysis had just started afresh after an interval of about one month due to my summer holidays. A is in a phase of negative transference, and his main complaint is that the analyst is 'distant', 'aloof', 'academic', etc., and is not getting really deep into his problems. Interpretations of this attitude as being an unconscious repetition of his infantile dissatisfaction concerning his father (whose ways of thinking and behaving in fact indicated a notable lack of contact with reality) and his mother (who gave the patient plenty of food and material comfort, but little emotional warmth and very little understanding) have so far been unsuccessful.

The dream occurred on the night between 27 and 28 August, 1953. It was reported to me by the patient on the evening of the 29th, as follows:

'I was near your house, but it was not the real one. It was like a cottage in a suburb of a California city, with a small garden in the front. It seemed to me that your maid, N, had placed a bowl of Italian noodles near the garden gate. I went for this dish, feeling hungry, cold, and miserable. I was wearing only a pair of shorts. While I was approaching the bowl, I saw a car coming. I knew that you and your wife were inside. I got alarmed, and ran away.'

'The dream then changes. I was inside the house, seeing your wife from behind. She had three daughters with her: one I knew to be your fourteen-year-old daughter, whom I have seen once or twice (she was prettier than in reality). The others were two very pretty blonde girls: one looked about eight years old, the other about three or four. I still felt miserable and neglected, although I seemed to know that your family was nice and had nothing particular against me.'

The associations produced by A immediately after telling me his dream were the following:

Noodles: 'Italian *vermicelli*, meaning literally little worms. I have avoided eating noodles lately, because they are fattening.'

California cottage: 'A small house in California near the sea. It belonged to my uncle E. I was there in 1931 or 1932. It was very small and uncomfortable, with many promiscuous people coming and going. I was sick while I was staying there. This reminds me of another severe illness which occurred when I was three and a half years old. I seemed "Christianly resigned" to die, and was showing this attitude to my mother. Once I woke up in a panic, at night, and said I knew that my father wanted to murder me.'

The maid N: 'Of course, I see her every time I come here. I have never dreamt about her before.'

Analyst's wife: 'No associations.'

The three girls: 'No associations.'

If we were to interpret this dream along the usual lines, without taking into account several elements which will be mentioned later, it might be possible to state that the patient has transferred into the analytical setting (involving the analyst's family and milieu) his oral infantile claims and is complaining that he is being neglected and emotionally starved by his parents. The 'parents' (analyst and wife in the transference) go around in a car (= have

sexual and other pleasures) while their 'son' is left starving, half-naked, and is treated like a dog. They even disturb his very timid attempts to reach the food so ungraciously offered. The 'mother' (analyst's wife) is busy with other children (the patient has several siblings) and turns her back on him. What can a child do but feel miserable and wish he were dead?

One could implement this interpretation by introducing the well-known symbolic relation house = woman (mother) and by stating that in all probability the 'bowl of noodles' is a symbolic representation of the (unsatisfactory) breast. The 'garden' near the house is, of course, a feminine 'area', where genital and anal representations seem to overlap. Seeing my wife from behind, in the second part of the dream, can also mean, besides the charge against a mother who 'turns her back' to her child, a libidinal wish concerning her 'behind'. The dream shows, among other things, that the patient's preoccupations about 'worms', etc., have—as well as the obvious anal implications—an oral origin. They are, at bottom, the first disturbing or dangerous, although unavoidable, 'incorporated objects' (milk, faeces, etc.).

However, many elements of the aforesaid dream seem still to remain quite unaccounted for. I shall mention them one by one: (1) the bowl of noodles (why just this symbol and not another one?; the association with the 'vermicelli' does not seem to explain it in full); (2) the little house with the garden (it does not correspond to the analyst's house, is not the house of A's parents, and is only superficially compared to a house in California); (3) the three girls (the analyst has only one daughter; the patient's siblings do not correspond to the 'sisterly images' of the dream, either in number or sex or age); (4) the analyst, his wife, his maid, etc. (whose behaviour, as far as the patient's conscious knowledge goes, does not in the least resemble, or justify, the details of the manifest content of the dream).

Let us now consider a few facts on which the patient had no information whatsoever, either because they were completely outside his knowledge, or because they had not yet occurred when he had his dream.

(1) As was pointed out, when A had his dream I had just come back from my holidays, which I had spent with my wife travelling in various foreign countries. A had no reason to suppose that my wife had left home again; even less, that she had actually gone to a place near the sea, where she was living in a small house with a little garden, together with our daughter and two little nieces, very pretty and blonde, one of eight, the other of three and a half years of age—exactly as pictured in his dream!

(2) On my coming back to Rome, I had several personal and domestic problems to face, and—my wife having left again almost immediately—no one with whom to discuss them. The fact that my wife

has her own office-work during the day, and has to keep to a regular routine, limits our relations to little more than mealtimes and from night to morning. I do not like taking my meals alone, but I had to do so while my wife and daughter were absent, and I was certainly not indifferent to the fact that *for about a week it was a maid-servant, and not my wife, who attended to my alimentary needs* according to her own judgement, offered me the dishes, and exchanged a few casual words with me at lunch or at dinner. To this particular deprivation caused by my wife's absence, I should add of course the frustration of my affectionate feelings and sexual wishes. In a way, I might have felt somewhat 'abandoned' and ill-treated, although this did not consciously affect me in any noticeable way, and did not prevent me in the least from carrying on my daily work.

(3) On the evening of 27 August, I had had the pleasure of asking my American colleague, Dr. L. E., and Mrs. E. (who were spending a couple of days in Rome), to have dinner with me the following night. I was especially eager for them to have *some very special Italian noodles* in a particular Roman restaurant, internationally known for this dish. Two other members of the Italian Psycho-Analytical Society joined me in this reception of our distinguished guests: a reception which, as I have indicated, was planned on the evening before the night of the dream (while I was dining with Dr. and Mrs. E. at their hotel). It will be remembered that the dream of my patient occurred during the night between 27 and 28 August.

(4) In order to be in time for my engagement with Dr. E, I had to cancel my appointment with A, which had been scheduled for 28 August at 8 p.m. After having tried unsuccessfully to get in touch with A by telephone, at about 5 p.m. on 28 August *I finally sent my maid N to his flat* with a message, asking him not to come at the appointed hour. This was the first and only time I had ever sent my maid to A's place, during the two years of our relationship. In A's dreams, as already stated, my maid had never appeared before. She did appear, however, in the dream he had immediately before the exceptional occurrence just described.

Summarizing the last points: the patient could have had no notion: (a) about the absence of my wife; (b) about her sojourn near the sea, in a small house with garden; (c) about the fact that she was staying with our daughter, plus two little girls of just eight and three and a half years of age, respectively; (d) about my own emotional reactions to having been 'neglected'; (e) about my offer of noodles to people I liked; (f) about the imminent interference of my maid in our relation; (g) about the fact that I would 'neglect' him (cancel his session) just *because* I wanted to offer a dish of noodles to others!

From a parapsychological viewpoint, I am

inclined to classify items (a), (b), (c), (d) and (e) as telepathic, whereas items (f) and (g) seem to me not fully understandable in purely 'telepathic' terms, and to contain some 'precognitive' factor. It is possible, of course, that on the night of 27 August I may have thought vaguely of cancelling A's session; but most certainly I had *not* thought of sending my maid to him with this announcement. I did so, as stated, only after having vainly tried to call him on the telephone.

In order to see in a clearer light to what extent the acknowledgement of the telepathic-precognitive elements in A's dream can help us toward a fuller understanding of the dream itself, and of its significance in the analytic situation, let us suppose that the aforesaid elements had been known to A through the usual sensory channels. In such a case, the psycho-dynamics of the dream would appear completely justified in every respect. It would be as if the patient, on the basis both of actual impressions and of the reactivation of childhood patterns, were complaining to parental substitutes (and to the analyst in the first place) that he was being neglected; that the 'father' (analyst) was thinking intensely and affectionately about the 'mother' (analyst's wife), but not about him, the patient (to whom, in fact, I had sent *only* my maid!); that he (the patient) was offered 'food' in a condescending fashion, as if he were a dog, through a servant, and then prevented by the 'parents' from eating it, whereas the 'father' (analyst) was quite ready to offer the same food to strangers; that 'mother' (analyst's wife), though not hating him, was neglecting him and favouring his 'sisters'; etc.

Now the fact is, that A did *not* consciously know all this. His unconscious apparently supplemented his conscious notions with extra-sensorily perceived material, in order to build up a dream which could thus make perfect and complete sense.

We might be satisfied with this, accepting once more the fact that telepathic and/or precognitive dreams do exist, and that the dream-work can utilize 'paranormal' information just as it does day-remnants and other perceptual material. However, in my opinion there is more to be noted. The dynamics of such a dream reveal, as do similar cases reported in the psycho-analytic literature, what was defined by Hollos and myself as an *unmasking* by the patient of emotional psychic material pertaining to the analyst's mind—material which is thus

thrown, as it were, in the analyst's face. Viewed from this angle, the dream is a challenge to the analyst's attempt to conceal, or to repress, something which might have appeared—or to a certain extent may have actually been—unfriendly or hostile to the patient (Hollos says that it is the patient who carries out a sort of vicarious parapraxis, substituting himself for the analyst and 'betraying' him). I have no difficulty in admitting that in my counter-transference to this patient hostile feelings must have been present. These feelings, as far as I can understand them, were due first of all to the fact that the patient, as previously stated, was in a prolonged phase of resistance, practically frustrating all my efforts to make him aware of the transference elements in his repeated 'attacks' and criticisms concerning myself. But beside 'unmasking' this hostility of mine (and exaggerating it considerably because of his own unresolved infantile claims), the patient has in my opinion also 'unmasked' some particular emotional motives of my own, namely: my own reactions to having been 'abandoned' by my wife, my resentment at being attended by a servant, perhaps even some disappointment at having to invite my colleague and his wife to a restaurant and not to my own home, and to appeal to 'servants' to cater for them and for me instead of having my wife's help for this purpose. This 'dovetailing' of my own emotional patterns with those of the patient can be described as an unconscious dynamical configuration *à deux* (including elements of transference and counter-transference, as well as of identification and counter-identification, both normal and paranormal), which, as I and other observers have remarked, seems to be a very strong precondition for the occurrence of psi phenomena.

In short, it all sounds as if A, in the emotional language of his dream, had been saying: 'Don't I know that you think more about your wife than about myself? Don't I know that you offer nice food to strangers and not to me? Don't I know that your wife gives her love and affection to young people, while I have no motherly woman who cares or has cared for me? Don't I know that you are going to neglect my needs, sending your maid to me and pretending that you "give me something", whereas in reality you disturb and prevent my "feeding"? Don't I know that all this goes in parallel with similar feelings and reactions of yours, which are *your own* and should not interfere with my treat-

ment? Well, yes: just as I felt my father's "murderous" wishes when I was a child, so I can feel, and describe in detail, all this information, your hostility, your neglect of me, and

the emotional drives which have been and are yours, that you have attempted to conceal from me. Yes: in spite of your efforts to "keep me out" of all this, here you are: I *do* KNOW!

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NOTES ON PARAPSYCHOLOGY AND PARAPSYCHOLOGICAL HEALING

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I think it is fair to say that a number of experienced analysts have met episodes in their practice, which have struck them as probable cases of telepathy or extrasensory perception (called E.S.P.).¹ Quite often these apparent cases of E.S.P. when subjected to a searching scrutiny reveal possibilities of other mechanisms, such as the emergence of a forgotten piece of memory already communicated; an interpretation of the analyst's behaviour, sentiments, or thoughts, by the patient based partly on consciously observed and partly on not quite consciously observed facts; the unexpected appearance in consciousness of identification with the analyst, based on intensive transference and counter-transference; the analyst projecting his own emotional involvement into the patient's material and interpreting it in this sense; analyst and patient who share experiences far beyond what can be expressed in words, coming unexpectedly to identical conclusions, etc.

To show what I mean I wish to report an event which, although almost certainly not a case of telepathy or precognition, illustrates some of the complications involved in clinical observations of this kind. In 1938, when the Szondi test was still in its experimental stages, and only very few people knew about it, I became interested and experimented with it myself. One evening when there was a party in my house we came to talk about this new test, and two sisters, not very closely acquainted with me, volunteered to be guinea-pigs. In an adjoining room I first tested the younger of the two, aged twenty-three and unmarried. After she had done the test, we began to chat, and she mentioned that it would be quite easy to indicate which pictures another person whom one knew fairly well would choose. (The test makes use of forty-eight photographs which are exposed in six sets of eight pictures each. The subject is asked to choose from each

set two pictures that he likes and two that he dislikes, making a total of twelve likes and twelve dislikes.) I challenged her to do the test as her sister would do it, and she readily agreed. After we had finished I asked the elder, married, sister aged twenty-seven, to do the test, and found that of the twenty-four pictures she chose eighteen had been indicated correctly by her younger sister. After her test was finished I asked her whether she would be interested in doing the test as she thought it would be done by her younger sister, but she quite casually refused.

The external circumstances of this observation are exactly those which suit a precognition. After all, the elder sister had never seen the pictures, and the younger predicted with an accuracy far beyond any probability what her sister would choose. Furthermore, there was no possibility of any communication between the two, or of any possibly preconceived plan or trick, because, as I have mentioned, even the existence of the test was unknown to them until that evening. But if we look for explanations of this startling experience, something of this kind would suggest itself: there must be a very intense, but rather lopsided, relation between the two sisters. The elder is probably an ambivalently admired person who has been very closely studied by the younger, partly consciously, partly unconsciously, so as to bring about a profound identification of the younger with the elder. On the other hand, the elder sister probably felt no need to deal with the ambivalent situation between them in this way. She could accept the younger sister without feeling any need for a profound identification with her.

But even if one is aware of the danger of accepting happenings of this kind as E.S.P. and excludes all suspect ones by as careful a scrutiny as possible, there remain cases like Dr. Servadio's,² where one comes to the conclusion

¹ An excellent survey of the material hitherto published is contained in *Psychoanalysis and the Occult*, ed.

by G. Devereux, New York, 1953.
² This Journal, 35, pp. 27-30.

that the possibility of telepathy or precognition has to be accepted.

I too have had in my practice a few cases of apparent telepathy which, even after careful examination, have remained inexplicable by the mechanisms mentioned above. For quite a while I collected these cases without doing anything about them, in the hope that sooner or later I should understand them better. Quite gradually it then dawned upon me that in all cases of this kind there was a particular emotional situation between the analyst and his patient. As the situation was not quite unexceptionable, and moreover it was always my fault that it had arisen, I felt rather ashamed and reluctant to publish my mistakes in print.

Briefly, the situation can be described as highly ambivalent and extremely tense, i.e. fairly similar to that of the two sisters described above. Usually the patient was in a state of intense positive dependent transference, which however was not fully appreciated and understood by the analyst. The cause of this lack of appreciation and understanding was without exception some transitory preoccupation on the analyst's part, which at the material time absorbed a greater part of his attention than was good for the progress of the analysis. The patient in his helpless dependence reacted to this by renewed efforts to win the analyst's full attention, and in this very tense situation, bordering on despair, apparently telepathic and clairvoyant phenomena occurred.

The result was always a surprise, almost a shock, to the analyst, and had the effect of bringing him round, as he could not help giving more attention than in the immediately preceding period to a patient who was producing such highly interesting and puzzling phenomena. In this way the very tense ambivalent situation resolved itself and the analysis resumed its normal course.

Not every patient is capable of producing so wholesome a shock for his analyst, but in my experience those who are able to do so resort to this method only in these almost desperate dependent situations.

Since I have become aware of these dynamic connections I have not met any more telepathic phenomena in my practice.³ For some time I prided myself that my technique had become more sensitive, and that I was able to spare my

patients unnecessary suffering by understanding them before they were forced to resort to such a desperate means of communication as telepathy.

Recently, however, I have gradually become aware of another possible aspect of this problem. I now ask myself: Is it advisable to intervene early enough and, so to speak, to overprotect one's patient by timely interpretations? Or would it be a better technique, in the sense of one producing more fundamental and lasting results, to tolerate the patient's getting into this situation of very high tensions and to enable him to learn to cope with these high tensions also? I have no answer to this question, and must content myself with simply stating it.

II.

Usually analysts describe the telepathic events which occur during treatment as if the only relevant factor were the patient's extrasensory sensitivity. In a way they behave like the elder sister in my example, who accepted the younger sister's remarkable performance as a matter of course, though with some curiosity, and did not even question what her own role in this performance might be. Taking Dr. Servadio's case,⁴ he interpreted the remarkable happenings—quite correctly—as a repetition by the patient of reality situations and phantasies of his (the patient's) childhood, understating the overdetermination, that the present was created not only by the patient's repetition compulsion but also by the analyst's preoccupation with other matters external to the patient-doctor relation. These external events obviously occupied Dr. Servadio unduly, even to the extent of making him cancel one of his patient's sessions at the last moment. Admittedly, Dr. Servadio—like all analysts in similar situations—was in great difficulty. He had to decide how much of his own, perhaps merely transitory, ambivalence should be communicated in words to the patient. Unconsciously, in non-verbal form, the patient knew of the temporary exacerbation of the analyst's ambivalence in any case. On the other hand I wholeheartedly agree with Dr. Servadio that one aim of the patient's telepathic or precognitive achievement was, as described first by Hollós,⁵ to 'unmask' the analyst's 'professional hypocrisy'⁶; as if the

³ It is interesting to note that Gillespie—in a footnote to his paper—records exactly the same experience but without any explanation. *Psychoanalysis and the Occult*, l.c. (p. 373).

⁴ l.c.

⁵ H. Hollós: 'Psychopathologie alltäglicher telepathischer Erscheinungen', *Imago*, 19, 1933, 529.

⁶ S. Ferenczi: 'Confusion of Tongues', *Int. J. Psycho-Anal.*, 30, 1949, 219.

patient were saying, 'I know it anyhow; do not deceive me,' i.e. 'Do not care for other people, do really what you are pretending to do, i.e. care for me.'

These dynamic relations between transference and counter-transference are, I think, important *contributory factors* in provoking apparently parapsychological phenomena during analytical treatment. The analyst is temporarily preoccupied with matters external to the analytic situation; nevertheless, for technical reasons he decides not to mention his preoccupation to his patient, and is then in turn forced to maintain a façade of 'professional hypocrisy', i.e. to pretend that all his interest and attention are still focused on the patient. The patient on the other hand feels—more or less consciously—that this is not quite true, but has no possibility of coming to grips with the discrepancy between his feelings and the analyst's covert behaviour, as all his attempts in this direction would very likely be interpreted by the analyst as negative transference. Although this interpretation is true so far as it goes, it prevents a realization of the whole truth. Certain talented people are able to solve this very strained situation by administering a therapeutic shock to their analyst by producing apparently parapsychological phenomena. The shock brings the analyst round, but afterwards, because of his unadmitted guilt feelings, he has to defend himself by *projection*, i.e. by minimizing his personal involvement and by highlighting the role of his patient.

A further defence mechanism is *idealization*. This states that parapsychological phenomena are highly interesting, highly scientific problems, and omits to evaluate properly the background of the underlying painful ambivalence conflicts and the intense suffering which provokes them.

If I am right, the crux of this involved relationship is the handling of the analyst's counter-transference, especially the problem of how much and which side of this counter-transference should be openly admitted, communicated, or 'interpreted' to the patient. It is generally admitted that the whole field of counter-transference, its effects on the analytic work, its technical handling, etc., are as yet largely unexplored, and are not fully understood. It is to be expected, however, that analysts who can evoke and maintain an intensive transference

atmosphere, but do not pay, or do not care to pay, due attention to the effects of their counter-transferences on their patients, will meet—*ceteris paribus*—more often with apparent E.S.P. phenomena. This train of thought might be the explanation of the repeatedly reported fact that some analysts meet E.S.P. phenomena in their early analytical years, but not later. Against the realization that in the production of apparent E.S.P. phenomena the analyst's ambivalent counter-transference has a large share, the two defensive mechanisms mentioned above are mobilized: projection (it is the patient who produces the E.S.P. phenomena) and idealization (E.S.P. is a highly interesting scientific problem—and is not emotional, is not caused by suffering).

III

If I am right, something similar is happening in parapsychological research in general. All workers interested in this field agree that parapsychological phenomena occur in certain conditions. But this statement does not necessarily entail the admission of the research worker's role in producing these phenomena; i.e. his counter-transference is more often than not kept out of the picture so that he may maintain a façade of 'professional hypocrisy'. To keep up this atmosphere, intensive use is made of the two defensive mechanisms mentioned above, projection and idealization.

Projection states that the uncanny power which produces parapsychological phenomena dwells not in us, everyday normal people, but in mediums, in healers, in waters, in woods and caves, or in God's unfathomable grace. We research workers must be acquitted without any question, since we are only studying the phenomena, and not producing them. Our interest in them is entirely objective, and has nothing to do with our own emotions, our instinctual gratifications, our unsolved problems, or our personal involvements.

Moreover—and here idealization, the second defensive mechanism, comes into force—parapsychological phenomena, and especially parapsychological unorthodox healings, are highly beneficial, or at least entirely harmless. The working of these two defensive mechanisms can perhaps best be demonstrated in the case of

against emotional involvements in these phenomena, sometimes ignoring them through 'scotomization', sometimes maintaining towards them a 'fair' (but in fact only theoretically fair) attitude.

⁷ Servadio, who read this paper in manuscript, pointed out that another possible explanation of this fact could be repression. E.S.P. phenomena are doubtless disturbing, and with the passing of years some analysts may learn to be 'wiser' i.e. to protect themselves better

religious healing as at Lourdes. By invoking unfathomable supernatural forces, i.e. God's grace, any human involvement is *eo ipso* excluded, and the religious or scientific research worker can get away with his 'professional hypocrisy' unchallenged. However, his guilt feelings compel him to maintain a hyperobjective attitude, demanding unrealistically strict standards. (As is well known, quite a number of mediums have been caught in this quagmire of projected ambivalence. In their dependence the mediums were driven to accept more and more stringent conditions, which eventually became so rigid that they could no longer comply with them and in their despair had to resort to tricks.)

This is what seems to have happened at Lourdes also. In their ambivalent endeavour to prove that true healings really do occur at Lourdes beyond any possibility of doubt, the research workers there, congregated in the Bureau Medical, have laid down certain standards which must be complied with before any case is accepted as a true healing. First, psychological or psychiatric cases are excluded *a limine*. Organic cases have to comply with strict criteria, among others: (1) Instantaneous recovery; (2) no period of convalescence, i.e. the state of illness must have changed immediately into a state of health; (3) the state of health must be permanent; and (4) there must be physical signs of the change.

To every medically trained man it is obvious that these criteria are grossly exaggerated, i.e. ambivalently idealized. They correspond only to very old and profound human desires, but never to reality. If they have to be applied to real cases, all sorts of allowances have to be made and subterfuges tolerated. Leaving the first two criteria out of consideration, it is clear that the third, the permanent state of health, cannot be found in reality. Apart from any other change, everyone gets older and eventually dies. Thus the 'permanent state of health' cannot ever be really permanent. Moreover, so far as I know, only very few of the Lourdes cases have been properly followed up. Nowadays in medicine the minimum acceptable follow-up period for chronic illnesses is five years, and if possible ten. In fact hardly any of the Lourdes cases have been observed medically over such a period. Lastly, the criterion that physical changes must have occurred is highly equivocal,

even in theory, and still more so in its practical application. In fact among the recorded and published cases there is not one of the obvious types in which true physical changes can be unequivocally established, as, for instance, a multiple fracture coming instantaneously together, both states being demonstrated by X-ray pictures. The reported cases belong roughly to these three classes: (a) psycho-somatic illnesses; (b) slowly growing tumours; or (c) chronic incapacitating states. "As is well known in medicine, these three types of illness may show sudden physical changes under normal medical treatment, or even spontaneously.

But even if we accept all the published Lourdes cases as fully authenticated, there remains the unpleasant problem of numbers. According to Dr. Leuret, Chairman of the Medical Committee of Lourdes,⁸ whose address I was privileged to hear at the International Conference on Unorthodox Healings in April 1954, the number of authenticated healings at Lourdes since the very first use of the spring is forty-nine to date. Admittedly many more healings of a non-miraculous kind do occur there, but these, according to Dr. Leuret, are explicable by medical science. Even if we include all these healings, there is no possibility of assessing out of what total number of cases the healings have occurred, and still less how many of the thousands of pilgrims have remained unchanged, or have even become worse.

Before discussing this peculiar state of affairs I would like to add a fact which is hardly ever mentioned. This is that inexplicable, almost miraculous, healings occasionally occur in the average medical practice. Practically every doctor of some standing can quote a few cases in which patients have improved in an inexplicable way, have even completely recovered, and the recovery has lasted for a considerable period, sometimes even for years, reminiscent of the 'état permanent' of Lourdes. Surprisingly, no one has ever collected these cases, still less made a proper study of them. At most they are casually reported in the medical press as puzzling *curiosa*. A further similarity is that they belong to the same category as the famous forty-nine authenticated miraculous healings at Lourdes, i.e. they are either psycho-somatic illnesses, slowly progressing tumours, or chronic incapacitating states.

Here indeed we have an uncanny problem

⁸ The sudden death of Dr. Leuret a few days after his address is a tragic loss to parapsychological research.

facing us. Why does it happen that certain patients who, according to all expectation, should deteriorate and become chronic invalids, or even die, inexplicably recover? In these favourable cases the nature of the illness and the form of recovery is about the same, whether they receive professional medical treatment, parapsychological healing, or God's grace, or even apparently nothing from outside. It is true that the recovery is hardly ever complete, and a skilled and conscientious medical examination can usually demonstrate that the previous illness has not completely subsided. It is also true that in some of the cases relapses occur after a short or even long interval. The fact remains, however, that the suffering patient has been considerably helped, his pains have diminished, his physical functions have improved, and his whole attitude to life has become much more like that of the average person. The problem of this kind of inexplicable recovery is frightening and uncanny indeed, because we doctors and research workers have no idea whether the recovery was due to us, or to some power beyond our control. In the latter case the further disquieting question arises, whether our treatment of the patient was of any help at all, and not perhaps even a hindrance to the improvement.

The old adage says 'Contra vim mortis non est medicamen in hortis', and although we have added the chemical laboratory and the surgeon's knife to the botanical herbal, the true healing of chronic diseases is generally beyond our power. Here we have come up against the same kind of situation which we found may produce telepathic phenomena during analysis. There is the patient in the throes of well-founded anxieties and mortal fears, usually suffering physical pain also, and there is his doctor compelled to pre-

tend that he can help. The doctor knows that the power of his art is limited, but he thinks for good reasons that he must not mention this to his patient, that he must keep up the façade of 'professional hypocrisy'. It is very possible that this strained, ambivalent, and insincere situation might enable some talented people, in the same way as we found with telepathic phenomena during the course of an analysis, to solve the situation in a 'parapsychological' way.

Perhaps in order to study parapsychological phenomena profitably we should not concentrate on either the subject's receptive powers or the healer's or agent's influencing powers, but on the powers inherent in their mutual relation. If my experiences during psycho-analytical treatment hold true for these conditions in general, then we must expect to meet highly ambivalent, highly tense, situations which will be covered up on both sides by reaction formations, especially by projection and idealization.

It is easy to state that a highly ambivalent relationship covered up from both sides by dovetailing reaction formations is not a very favourable atmosphere for research. But completely to renounce these defences will be a very hard task both for the patient and his doctor or healer. Perhaps we analysts ought to accept the role of pioneers in this field, as we have had some experience of what it means to make defences conscious. If we succeed in relinquishing the professional hypocrisy, projection, and idealization, surrounding parapsychological phenomena, we might get to grips with the underlying real problem, what the true nature and function of E.S.P. is.

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SOME DEVELOPMENTAL ASPECTS OF THE BODY IMAGE

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I. INTRODUCTION

In a series of pioneer studies and essays, Hoffer and others (6, 8, 12, 13, 15, 21, 25) have sought to document by means of direct observations on infants some of the psycho-analytic conceptions about this early period as they have been reconstructed from the analyses of adults. In particular, they have discussed the ego in terms of its earliest developmental history. Hoffer was able to demonstrate, for example, that the behaviour of a sixteen-week-old infant shows definite organization in the process of relieving oral tensions, and that this behaviour involves a capacity for genuine perceptual activity, motor control, memory function, and reality testing. Hoffer has proposed that we designate this state of ego development the 'mouth ego'. He was able to demonstrate the critical role of the hand in this developmental process. His observations have tended to confirm the theoretical formulations of Hartman, Kris, and Loewenstein (11) that these early stages of ego development concern themselves primarily with the body surfaces of the infant, particularly as they are involved in the relief of oral tensions by the hand.

Although a complex of psychic functions is subsumed under the term ego (7, 19) the body image concept as elaborated by Schilder (22) is certainly a basic part of that complex, so that studies concerning the early developmental aspects of the ego are sure to shed light on the formation of the body image, and conversely, information concerning the origin of the body image must contribute to our understanding of the origin of the ego. Scott (23) stated this in more general terms, as follows: 'The neurological conception of the "body image" or "body schema", etc., the psychological conception of the "schema", etc., and the psycho-analytical conception of the ego, *imago*, internal and external objects, etc., can all be related, as far as their genesis in the individual is concerned.' In the same article, Scott presents a

brief but excellent survey of neurological and psychological observations concerning the formation of the body image, emphasizing in particular the role of ambivalence, instinctual drives (libidinal and aggressive), and mechanisms of defence in this process.

In recent years, neurological observations have come to my attention, the significance of which became clear only against a psycho-analytic frame of reference. These observations have provided, in addition, a species of verification of certain psycho-analytic concepts concerning the origin of the body image and the ego. Although the data which I propose to present are far removed from those ordinarily dealt with by the psycho-analyst, they are nevertheless brought to the attention of the readers of this journal because it is felt that the conclusions which may be drawn from them are relevant to basic psycho-analytic theory.

II. NEUROLOGICAL DATA

The responses of individuals to double simultaneous stimulation have been the subject of intense study over a period of years by Bender and his co-workers (1, 2). They discovered that there exists a variety of circumstances in which an individual who is capable of perceiving all stimuli of a given modality presented one at a time will make errors of perception when he is exposed to certain of these stimuli two at a time. These errors tend to occur in a certain characteristic pattern, in which one of the pair of stimuli is regularly reported correctly and the other is not reported at all or is displaced from its correct location. For example, a patient with a unilateral lesion of the brain who shows no visual disturbance when the eyes are exposed to light one at a time may show a field defect when both eyes are stimulated simultaneously.

They studied a large group of subjects by means of double simultaneous cutaneous stimuli applied to non-symmetrical areas of the body.

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Among their subjects were: (a) Patients with disturbance in consciousness due to organic brain disease²; (b) normal children; (c) normal adults; and (d) schizophrenic adults. Bender and his co-workers found a relatively unvarying pattern in the responses of their subjects. If the face and another part of the body were touched, the face was almost invariably reported correctly. Such errors as occurred were obtained in the other part of the body stimulated.³ In this pattern the face was said to be dominant to all other body parts. The genital region was found to be not far behind the face in this regard. In combinations involving the hand the reverse phenomenon occurred. Errors in perception were more frequent in the hand than in other parts of the body with which the hand was tested. Bender and his co-workers therefore considered the hand the least dominant area of the body.

They found that the remaining areas of the body fell between the face-genital region and the hand. When tested in combination with each other these areas failed for the most part to yield differences in dominance as compared one with another. These relationships were most easily and repeatedly demonstrated in patients with organic disturbances of consciousness and in children under four years of age (Groups A and B). Normal subjects made frequent errors on initial trials which followed the foregoing patterns. They differed from Groups A and B in that they tended to correct these errors on subsequent trials. The former groups on the other hand persisted in their errors in spite of various attempts to alert them to the presence of two simultaneous stimuli. It was the persistence of these errors that made the responses of the 'organic' adults pathological. The schizophrenic groups fell in between these extremes with respect to the capacity to correct initial errors.

That the face emerges from these studies as the most dominant does not seem at all surprising. From a phylogenetic point of view, the

face is the most anterior part of the body and the first to contact the environment. It is adapted for this function by virtue of its close association with the main sensory organs of the body. Furthermore, there are many psychological reasons for expecting the face to occupy the most prominent place in the body scheme. Psycho-analytic observations have emphasized the great importance of the mouth in the earliest human relationships to which one is exposed, namely, the feeding situation in infancy. The permanent psychological imprint of these earliest oral experiences is well known. It should perhaps be added, for the purpose of this thesis, that cutaneous stimulation of any part of the face during the first three months of life will elicit the sucking reflex. Later on, too, the face more than any other part of the body is the area through which we establish contact with fellow human beings, via speech and facial expression. Apart from its capacity to express emotion, the face, in repose, is capable of eliciting intense emotional responses, positive and negative, from fellow human beings. So, we are not surprised when we are informed that most people think of the 'self' as being associated most intimately with the face (3, 22). And, adding confirmation from a neurophysiological point of view, the face occupies a vast area of the sensori-motor cortex as mapped out by Penfield and Rasmussen (20).

That the genital region of a three-year-old child should occupy a position of dominance in the body image which rivals the face must come as a surprise to those who are not psycho-analytically informed. To the psycho-analyst, however, it must be a striking confirmation from a completely independent line of investigation of basic psycho-analytic discoveries, namely, the existence of the phallic stage of libidinal development at this early age, the equation of the phallus with the self, as certainly as the individual regards his face as the embodiment of the self (16, 26). We shall return to this theme later.

That the hand, however, should emerge as the

² This disturbance may express itself clinically in disorientation for time, place, or person, in confabulation, reduplication, or anosognosia (18, 19, 20, 21). It is commonly associated with a diffusely abnormal electroencephalogram (18). The altered state of consciousness itself may be the result of a variety of pathological processes within the cranium—inflammation, neoplastic, vascular, etc. The common denominator of these processes is the fact that cerebral cortical function is affected diffusely, either directly through widespread disease of the cortex or indirectly through the affection of more deeply situated cortical regulating centres.

³ The following table is reprinted with permission from Bender, Green, and Fink (2), and outlines the types of response to simultaneous face-hand stimulation and the way in which they are classified.

Response	Classification
a. face-hand	a. correct
b. face only	b. extinction
c. hand only	c. extinction
d. face-face	d. displacement
e. hand-hand	e. displacement
f. face-other part of body	f. displacement
g. face-part in space	g. exosomaesthesia

least dominant member of the body image comes as a distinct shock, and seems to fly in the face of logic. If there is any validity to Penfield and Rasmussen's sensori-motor map, for example, we must be struck by the fact that the hand occupies almost as great an area as the face. When vision is eliminated the hand becomes the most anterior part of the body, as when one gropes in the dark. In the blind, the great sensitivity of the hand permits it to function in a variety of situations as a substitute for lost vision. We have already touched upon the feeding situation in infancy in our discussion of the importance of the face in the body image. However, even casual observation of feeding infants will impress us with the active role that the hand plays during the sucking process. The hand clings to the breast almost as strongly as the lips cling to the nipple. In artificial feeding the infant clings with equal strength to a bit of blanket or to the finger of the mother if permitted to do so. In short, at this early stage grasping is intimately associated with sucking, just as it will be many years later in the event of some severe impairment of consciousness.⁴ In psychological tension states centring about the feeding process, rubbing of a blanket with the hand at bedtime occurs almost as frequently as thumb-sucking; indeed, usually in conjunction with it.

Gesell and Ilg (9) have commented on the close association between mouth and hand during intrauterine life. Hoffer (12, 13) has richly documented the complex interplay of mouth-hand stimulation which takes place during the first year of life, first during the feeding process and secondarily in exploration of the infant's own body and of the surrounding environment. One could go on to discuss the relationship between face and hand in Jacksonian seizures, or the peculiar face-hand sensations described by Isakower (14) in neurologically normal people on falling asleep. What it all adds up to is that we should expect the hand to play a role in the body image which is not much less important in the body scheme than the face, if not equally so. Certainly we should not expect it to be least important, if that is what least dominant implies. This latter point brings us to the crux of the matter, namely that the hand in its own 'least dominant' way is fully as important in the body image as the 'most dominant' face. How can we reconcile these

facts? Bender and his co-workers (3) have proposed that the face represents the inner or 'self' aspect of ego function, whereas the hand is its outer representation—the medium with which our ego makes contact with the outer world. This distinction is not at all clear, particularly as the ego makes contact with the outer world as much through the face as through the hands.

There exists a certain type of response to face-hand stimulation which, although rare, sheds, I believe, some light on the dilemma.

III. OBSERVATIONS CONCERNING FACE-HAND FUSION

Case 1. A sixty-year-old man with a clouded state of consciousness due to multiple metastases to the brain from a primary malignancy of the lung. He reported symmetrical touches promptly and accurately (both cheeks, both hands). When touched on either cheek and hand simultaneously, he reported only the face touch. He was asked very emphatically (when he reported only the face touch), 'Are you sure you weren't touched elsewhere?' He responded by tapping his left hand with his right one (or *vice versa*, if the right hand had been touched), and answered, 'No, only the face!'

It is quite clear from his tapping response that the patient felt the hand touch, too, even though he reported only the face. In fact the hand touch was reported quite clearly in this non-verbal manner. One might interpret this puzzling response as an indication that in the clouded state of consciousness, face and hand had in a sense become fused, and that a touch on the hand could not be differentiated verbally, at least, by this patient, from a touch on the face. So, what seems to be an extinction at one time, or a displacement at another, can be understood as a manifestation of a fusion of face and hand in the body image of the patient with a clouded state of consciousness.

Case 2. A fifty-six-year-old depressed woman was observed following recovery from shock therapy. On several occasions when touched on her face and hand, she reported verbally only the face. However, she would simultaneously lift her hand and let it fall to the couch. In this manner, curiously reminiscent of the previous patient, she indicated to us non-verbally that the extinction of the hand touch was no extinction at all but rather a fusion, as expressed verbally, with the face touch.

⁴ I believe that the phenomenon of extinction and displacement on face-hand stimulation in clouded states of consciousness can be regarded as the sensory counter-

part of the grasping and sucking reflexes which tend to appear under the same circumstances. The validity of this contention will become more evident subsequently.

The following two cases seem to confirm the idea of face-hand fusion.

Case 3. A forty-two-year-old woman was also observed following shock therapy. When tested about fifteen minutes after awakening she reported only the face touch. Tested ten minutes later, when she was more alert, she responded to the face-hand touch with 'The hand of my face' [sic]. Ten minutes still later she reported the face-hand stimuli accurately. At this time I asked her if she recalled saying, 'The hand of my face'. She said yes. When asked to explain what she meant by this, she looked surprised and said, 'Well, how else do you feel your face if not with your hand?'

Case 4. A sixty-year-old man with a rapidly growing tumour in the region of the third ventricle responded on several occasions to face-hand stimulation with the expression 'the palm of my cheeks', echoing quite strikingly the response given by the previous patient.

That what we call extinction and displacement on face-hand stimulation represents in reality a process of fusion is suggested by other lines of evidence. The drawings of children, for example, are instructive. If we ask a child to draw a person he will draw a picture which we have reason to believe is an expression of his conception of self (18). In the Goodenough (10) monograph on the figure drawings of children there are several pictures drawn by age groups in which consistent errors could be expected on face-hand stimulation. In their productions these children very frequently drew the upper extremity as if it were growing directly out of the face. That is, they provided direct graphic representation of the idea of face-hand fusion. Cohen (4) rediscovered this drawing phenomenon in a recent study and was able to confirm directly that children who represented the hands as growing out of the face were usually children who showed extinction and displacement on face-hand stimulation. Schilder (22) comments on the distorted representation of the human body in children's drawings as follows: 'Of course, drawing is a rather complicated psychic activity, and it may be difficult to determine whether this synthetic incapacity is based at all on sensory difficulties or whether it is merely due to motor incapacities. But the child is completely satisfied with its drawings, and I believe, therefore, that the way in which children draw human figures really reflects their knowledge and sensory experience of the body image.'

The drawings of brain-injured adults with errors on face-hand testing are more complicated. They rarely show face-hand fusion in their

pictures. More frequently their drawings show complete disorganization. It would lead us too far afield to discuss these adult drawings in more detail at this time. However, unpublished studies by Max Fink provide what is probably the most convincing evidence of all that what we call extinction and displacement may both be examples of fusion. He carried out face-hand stimulation using different modalities of stimuli, e.g. using a tuning fork on the hand and a pin on the face, or a pin on the hand and heat on the face, etc. Patients who showed pathological extinction often reacted to double modality stimulation by combining the two modalities in a single response in a single place, e.g. 'a buzz and a stick on the cheek' (in response to a pin-prick and a vibrating tuning fork), or 'a hot pin-prick', etc.

IV. DISCUSSION

In his classic monograph on the body image, Schilder (22) raises the question, 'Are there states of ontogenetic development in which the body image is undeveloped?' He has repeatedly emphasized the fact that the body image is the product of personal experiences, that it is linked inextricably with personality, so that 'there is no body image without personality'. In view of such origins it follows that the body image must have a developmental history. In various places in his book, Schilder raises questions but offers few speculations concerning the earliest phases in the development of the body image. The data we have presented concerning face-hand fusion provide a basis for further speculations on this subject.

According to psycho-analytic theory, there is a stage in the development of awareness of self in which the infant does not differentiate between himself and the breast on which he feeds (5). If we accept the view that the hand does indeed participate in a psychologically significant way in the early feeding experiences, then we must extend the psycho-analytic theory to read that in this primitive state of awareness face, breast, and hand are all fused into a single homogeneous primordial cluster. When the breast is withdrawn, continuity of the cluster is maintained by substituting the hand for the absent breast. Psycho-analysis hypothesizes further that in the repeated experiences of separation from the breast the infant gradually learns of the existence of other beings and the outer world—that there is a boundary which delimits his own self from that of others. The infant also learns that the

hand substitutes for the breast only in part. In the infant's growing awareness of self, separation between face and hand must now take place just as it did between face and breast. One can visualize repeated experiments carried out by the infant in which he re-establishes the primordial face-hand cluster and breaks it apart again, and through repetition learns that face and hand are separate. This earliest step in the development of the conception of self is undone in certain brain-injured patients. In clouded states of consciousness, fusion of face and hand takes place again and expresses itself as extinction and displacement. According to this hypothesis we should expect to encounter clinically still further regression in awareness of self, with complete re-establishment of the face-hand-breast cluster. This is indeed encountered in certain cases of organic brain disease displaying the phenomenon of exosomaesthesia (24). In these instances we find not only extinction and displacement on face-hand stimulation, but also an inability to distinguish between stimuli applied to the patient's own body and stimuli applied to other objects in the patient's field of vision. These phenomena, which are evidences of regression in the concept of self in the brain-injured adult, are evidences of the immaturity of the concept of self when elicited in early childhood.

The question may be raised why it is the face that is usually reported when fusion takes place. Why is not the hand, for example, reported with equal frequency, and the face extinguished?⁵ This contains within it a question of even greater importance, namely, why does the hand end up in the position of 'least dominance' in the total body scheme? The answer to this question is to be found, I believe, in the specific motor role of the hand in the mouth-hand cluster. Although general psychological studies have stressed the role of the hand as an organ which grasps, from intrauterine life onward, as Hoffer (12, 13) has emphasized, the hand has also become closely allied to the mouth for the sake of relieving tension, and within this alliance is to be found the first achievement of the primitive ego.⁶ Hoffer's observations suggest very convincingly that the suckling infant uses its hands as motors to regulate quantitatively

the intensity of the level of oral stimulation, supplementing the stimulation from the breast by additional stimulation from its own fingers, if the pattern of oral stimulation from the breast is not by itself gratifying. In this process the infant will modify the amount of the hand which it introduces into the mouth and the depth to which the hand penetrates. If the rhythm of stimulation provided by the mother is still disturbing, the child may reject the nipple and take the problem of oral stimulation into its own hands, as it were. Throughout this entire process it is the oral tensions which must be relieved. The hand becomes simply the agent which assists in the relief of these tensions. As a sensory experience, the sensations about the mouth and face are of central importance. Sensations in the hand proper undoubtedly occur during this process, and may even contribute to the total pleasure. However, they must play a secondary and conceivably even a distracting role in the main task, which is to regulate oral tension. To the extent that the sensations from the hand may be a distracting element, one might even, thinking teleologically, regard extinction of the hand sensations during this process as a biologically useful phenomenon in the problem of regulating oral tension. In any event, in this feeding situation the hand begins its role as an organ for relieving tension. Later on, the hand will function in more versatile ways. It will, for example, become the intermediary between the eyes and the mouth in subsequent stages of ego development and mastery of the environment. However, the face-hand relationship in the infantile oral situation is apparently of crucial importance in determining the adult patterns, since the responses to double simultaneous cutaneous stimulation in the congenitally blind are the same as those obtained in the sighted (3).

Sensory effacement of the hand in the process of regulating tension is perhaps even more clearly understood in masturbation, where the genital sensations which arise are of such intensity as to eliminate from conscious awareness (and from libidinal significance) any simultaneous sensations which may occur in the hand, so that if fusion were to occur we should expect that the hand would be extinguished.

⁵ As a matter of fact the hand is occasionally reported on face-hand testing. This, however, occurs relatively infrequently, and for the purposes of our present theoretical discussion I believe we are justified in confining our analysis to the response that occurs in the vast

majority of cases.

⁶ i.e. the earliest functions of the hand are all motor. Its significance as a sensory organ appears much later in life as part of a relatively advanced stage of ego development.

Thus far I have inferred from a consideration of the fusion phenomenon a stage in the development of the body image corresponding to what Hoffer (13) would call the 'mouth ego'. I have described how the individual has detached himself from the environment as an entity separate from the breast and has succeeded in dividing himself into a face and a hand. We can assume that the process of self-discovery will take place along similar lines between other parts of the body and the hands. Cutaneous tension states arise within the infant, too, and we know that the infant has a need for cutaneous stimulation in the form of warmth and caresses, for example. Schilder has suggested that cutaneous tension in the infant may express itself as itching and call for rubbing of the skin for relief. The capacity to relieve its own cutaneous tensions calls for a degree of motor skill which does not appear in the infant until well into the second year. The body image emerges through a repetition of the process of discovery of separateness which took place originally in the fragmentation of the primordial face-hand-breast cluster. As the exploring, tension-relieving hand establishes its separateness from each succeeding body part a new detail of the body image emerges. The process is complex. Not only does the hand establish its own separateness from the newly discovered body part, but also the separateness of the latter from previously discovered body parts. At each step, the hand as the explorer and tension-relieving organ holds second place in the field of attention to the newly discovered body part.

In states of clouded consciousness there is a regressive tendency for fusion to occur; fusions which re-establish unities which were previously undone in the evolution of the body image. Because of the specific role of the hand in this process, it is the hand which is always extinguished when these fusions take place between the hand and any body part. Because the face is the oldest element in the body image and possesses so great a libidinal investment in the psychic economy of the adult, it retains its individuality most tenaciously. That the genital area assumes a position of such dominating importance in the body image of the young child is most probably an expression of the intensity of pleasure sensations which the child can elicit from masturbation at this early age. When regression takes place, as for example in dreams or in psychotic productions, and the dominance of the mouth ego is re-established, the phallic

ego is its rival. It comes as no surprise therefore that oral fantasies should play so important a role in the structure of these body-as-phallus fantasies (16, 26).

In a previous communication (17) the hypothesis was advanced that the ego perceives external objects in two stages. First it sees the object as part of a cluster of objects related or linked to each other by some common denominator of meaning. Second, it separates out the 'correct' object from all the related objects in the cluster. This separating process was called the 'Discriminating Function of the Ego'. It was postulated that on breakdown of this function fusion takes place between objects which should be separated, and what emerges under these circumstances is the 'Primary Process' as described by Freud. There is an analogy between the latter cluster of objects and the previously described clusters involved in the evolution of the body image. One may regard the subjective fusion of body parts as a body-image manifestation of the primary process. Body parts that should be separated become fused. Symbolic meanings invested in one area become displaced elsewhere. There is, therefore, a biological compliance, an underlying readiness for the symbolic transformations which take place in response to the demands of the psychic economy for the reduction of instinctual tensions.

V. SUMMARY

The work of Bender and his co-workers concerning double simultaneous cutaneous stimulation is reviewed. Theoretical implications of their findings are presented, particularly as they impinge on the developmental history of the body image.

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HOMICIDE DURING A SCHIZOPHRENIC EPISODE¹

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The aim of this paper is to put before you some facts for study and discussion which might contribute something to the understanding of the nature of what is sometimes called a 'schizophrenic episode'. Questions concerning the relation between consciousness, memory and ego-control arise naturally out of the consideration of these.

They are taken from the case of a man, to whom I shall refer by the initials K. M., hanged at the age of twenty-six for the murder of his father. In fact, he murdered both parents and threw their bodies over a cliff. He then took his father's car, which he had hoped to borrow for this purpose, and drove to London during the night, making the journey of 245 miles, with several stops, in seven hours, in order to reach a girl, whom I shall call Jennifer, by whom he had become attracted. There was an element of jealousy of a boy of sixteen in this relationship. On the evening of that day, about twenty-four hours after the crime, he was arrested outside the house in which the girl lived.

I was asked to be present at his trial because, as a boy, he had been a patient of mine. The plea was insanity, and two psychiatrists, in evidence for the defence, gave it as their opinion that he was schizophrenic and that the crime had been committed during a 'schizophrenic episode'.

My patient was of rather less than average height. He had a mop of unruly brown hair, was abnormally pale, and looked years younger than his age. By nature he was gentle and rather passive and had never committed any act of violence (except one upon himself, recorded in adolescence) until the evening when he killed his parents in their home.

I will quote from his statement to the police and from another, made to a psychiatrist two months later, and will supplement these from evidence heard in Court.

I will then give a short account of his life and illness gathered from reports sent in to the solicitors for the defence and from other sources.² A brief description of his analysis, and of the circumstances in which it was carried out, will take its place chronologically.

A signed statement made at Scotland Yard on the morning after his arrest was as follows:

'I want to be frank. I did it.

'I don't want Jennifer brought into it. I want to tell you the whole story.

'Many of the things I have said are not true. I haven't been working for about 12 months. I have only said the things to make a bold front to her.

'Up to about 12 months ago I was studying firstly for the law as a solicitor and latterly as an estate agent. My father made me an allowance of £15 a month. I couldn't settle down to my studies and this led to some differences between me and my father. I gave up working last November and then I got a legacy of £750. I spent the money by about March.

'I scrounged around a bit and I did some work, about 8 weeks. I was selling ice cream for Walls. I left them and some time in June I went home and broke into my father's house. Then I came to London and spent the money. I was only in London for a week staying at odd hotels, then I went down to my home again. Then I returned to London again to dispose of some stuff I had taken, a cine camera and a bracelet of my mother's. I sold the camera at a place called Photo Optics at Paddington. I sold the bracelet with Dawson, the jeweller at Piccadilly Circus.

'Then I went home. I was only up here for a day. I straightened it out with my father. I stayed home until the middle of August, then I came to London.

'I lived in Chelsea, and took a furnished room.

'I began to visit the White Hart public house in King's Road, Chelsea. I met a Chelsea pensioner who frequented that public house. About a month ago—no, six weeks ago—he introduced me to a young lady and her mother, with whom I became great friends. Jennifer—was the young lady and her mother is Mrs. —. I became a frequent visitor at their house at — where I was made very welcome.

'I had been living from hand to mouth. I had odd bits of money from various people, and there are some cheques which were "R.D."

'I've been drinking very heavily, and about a month ago Jennifer began charging me about my untidy appearance. I told her my parents had

been omitted or changed in the statements, reports, etc., in order to bring them into line with the form of this paper.

¹ Paper read before the British Psycho-Analytical Society on 21 October, 1953.

² Some addresses, place names and proper names have

arranged to send my clothing up, but this was a lie just to stall her off.

'I was tight for money at this time and had no means of tidying myself up, so about a fortnight ago I said I would go home and get my clothing myself. That is what I told Jennifer, but in fact I wanted to go home to try and get some money from my father.

'On Friday, 31 October, 1952, I decided to hitch-hike home and I told Jennifer so. She was rather upset at me going. I went, arriving on 2 November, 1952. I actually did hitch-hike. I phoned Jennifer practically every day. I had a row with my father over my spending habits and told her so, and he had said I was to stop at home and continue with my studies. Jennifer suggested that I should come up to London, get a job and make myself independent of my parents.

'I decided to come back to London the following week-end, that is this week-end. About mid-week I made up my mind to come back to London.

'I telephoned Jennifer twice on the Friday, 7 November, '52. The first time at half past five. I told her I was coming up to do some business for my father. This was not true. I promised to phone her again at half past eight to confirm whether in fact I was coming and I told her if I did come my father had promised to let me use his car. It is a Triumph; the number is ERL 1.

'At the time of my first phone call my father and mother were both out. They came back almost together in separate cars at about 7.30 p.m.

'My father was doing something to my mother's car; both cars were in the garage. God knows for what reason I hit them over the head with a piece of iron pipe. I hit him once then. He slumped to the ground unconscious.

'Mother had gone into the house. I went into the house after her. I found her in the kitchen. I hit her from behind. Everything went peculiar. I got into a panic. Shortly after this I made a second phone call to Jennifer in London—this was about 8.15 p.m.—and told her I was definitely coming to London with my father's car. I asked if I could come around to her house in the morning for a wash and shave.

'I went out with the intention of getting the car and found my father coming round. I hit him again, several times, then I got the car out and went in to get some clothes and my mother was coming round then. So I hit her again. She was bleeding very heavily; they both were by this time. I didn't know what to do, there was blood everywhere. I got the wheelbarrow, put my mother in it, took her out to the Point and pushed her over. I then went back and did the same with my father's body. I pushed the wheelbarrow over that time. I went back to the house and washed the place out.

'I went to my mother's room and took some pieces of jewellery. The two brooches and the ring shown to me are some of the jewellery. I took some money from my father's coat pocket.

'I packed a change of clothing. My own clothes were very blood-stained.

'I then drove the car out and drove to London. I changed my clothing before I got to Okehampton. I threw the pair of flannel trousers and tweed sports coat which were very blood-stained into a river at Fenny Bridges, just past Exeter. I also threw the piece of steel tubing I had hit my father and mother with into the river at the same time.

'I then drove on to London. I picked up two hitch-hikers somewhere near Ilchester. I dropped them at Chelsea Bridge. I then went on to X Street and got there about 5 a.m., and parked the car in the side of the road about 50 or 60 yards from the house. I had a sleep in the car until about 8 o'clock. I left the car and went to the house, where I saw Jennifer and her mother. When I left the car I left the ignition key in it and also left some bloodstained clothing in it, and shoes. This blood came on my clothes when I moved my mother and father.

'I told Jennifer I was up to do some business for my father and that I had put the car in the Blue Star Garage. I said I had an appointment at 10 o'clock and that I would come back to lunch.

'I went off to Dawson's, Piccadilly Circus, where I sold three pieces of my mother's jewellery which I have mentioned for £50. Later I telephoned Jennifer and told her I couldn't keep the luncheon appointment, and that I would meet her at 2 p.m. at Leicester Square. I later met Jennifer and her mother at 2 o'clock. We went to the Odeon Cinema, Leicester Square and saw "Limelight". We left there at 5 o'clock and I went off on my own with Jennifer. We went to a public house and had a meal, then we made a round of various public houses. Eventually we arrived at the Star public house, Chesham Mews, where upon leaving I told Jennifer what I had done, that I had murdered my father and mother.

'It upset her very much and we just moved on to further public houses drinking. I told her that she would not be seeing me again.

'I had previously booked a room at the Regent Hotel in the name of Gregory. I think I told Jennifer that I was staying with relatives at St. John's Wood.

'Later I took a taxi after closing time and took Jennifer back to X Street. I was very drunk and after Jennifer had left the cab and I was being driven away in the cab I remember it being stopped. I can't remember too clearly what happened.

'I had some sleeping pills which I had taken from my mother's bedroom; they were in my coat pocket. I intended to take them and kill myself.

'That's the whole truthful story. I can only say I have had a brain storm. I can't account for my actions.

'I had drunk about a half bottle of whisky on the Friday afternoon before all this happened. It just seemed to me that nothing mattered as long as I got back to London. Jennifer just fascinated me.

'This statement has been read over to me and I

have had the opportunity to make any corrections I desire to do. It is a true statement.'

This statement to the police was accepted as evidence. It fitted in with what was found at the scene of the crime.

It is worth noting here that this 'episode' had some of the characteristics of an anxiety dream.

The subject was aware of what was happening.

He could remember what had happened.

He felt anxiety.

He could not account rationally for what had taken place.

This parallel with the dream is supported by the equally sincere statement he made to a psychiatrist who examined him while he was awaiting trial:

'My father went off about 2 p.m. I had a bit of a headache—no severer than usual—and I've had headaches as long as I can remember. I went upstairs and lay down, taking 4 aspirins.

'Then about 2.30 p.m. I thought I'd like a drink, so I went downstairs and got a recently opened bottle of whisky, went into the smoking room and drank glasses of whisky, with twice the quantity of water to each tumbler, until about half a bottle of whisky had been taken, up to 5.30 p.m. (i.e. in three hours). I did a crossword puzzle in *The Times*, which I couldn't complete, my mind wasn't on it, it was on various things—I thought of going to Twickenham the next day. The whisky made me feel cheerful. I went out for some more water to the kitchen between 4 and 4.30 p.m. and saw the gardener, and gave him a bottle of beer and talked to him. I'd never given him anything like this before. I think the whisky had some effect on me.

'I returned to the smoking room until 5.30 p.m., when I rang Jennifer up from the smoking room and told her my father was probably sending me to London; during that conversation she was reluctant that I should go, and I remained in the room, and just after 6 p.m. she rang back to say of course I must go and have breakfast—her mother had said so, and I said I'd see her at 8 a.m. and would ring her about 8.30 p.m. when my father and mother were both in to let her know definitely, because my father said at lunch-time he'd think about letting me go up to London and use the car, and I took it from his attitude that it would probably be all right.

'I then went back to a book, *Randall and the River of Time* by C. S. Forester, about a soldier in the first world war who gets inveigled into marriage and he catches her in bed with someone else, and kills her lover by pushing him out of the window and killing him.

'Then there is his trial. I'd read the whole book before. He gets off with manslaughter. I think I'd read up to where he's got married, that evening.

'About 7 p.m. I turned on the wireless, listened to Radio Newsreel, and at 7.25 p.m. I went out to the kitchen and put potatoes on the stove for supper.

'Just after, as I was going to get sausages out

of the larder, I saw the light of a car on the scullery window. I didn't know who it was, so I went out to get the garage doors open.

'But when I went out I saw the Triumph car in the garage by then and I spoke to my mother—I asked her if she had had a good meeting and said I would go over and let the Richardsons' cat out (they were away for the week-end) if she didn't want to go over.

'While standing by the garage doors I heard the Standard Eight coming down the drive, so I swung the garage doors round for him to get this car in.

'He drove in, got out and spoke to my mother. I shut the garage doors. Then my mother went indoors.

'I spoke to my father, intending to find out about his verdict on my going to London.

'I don't remember saying anything to him—the next thing I remember is being in the kitchen in the house and seeing the clock pointing to 8.15 p.m.

'I looked round the kitchen and saw my mother on the floor and I didn't know at that moment why she was there.

'I saw there was blood all over the place and she was bleeding. That was the first moment I realized I had that piece of iron pipe in my hand (there was another of different shape and heavier in the garage)—I don't know where this piece had come from, it might have been the garage.

'That is the moment when the pictures suddenly came into my mind like still photographs, of, first, a bit of bar striking my father's head; there was his hat and the end of bar and his hand with a piece of flex in it (from the battery charger) and a glove on his hand. It was completely silent.

'Second, is of the bit of bar against the back of my mother's head in the middle of the kitchen with the Aga cooker as a background with the potatoes on, and the corner of the kitchen table and the window in view as well, and this also was completely silent, and with no action in either of them.

'Third, of my father sitting on the ground with the door of the Standard open in the angle between the door and the body of the car; he hadn't got his hat on, and his head was lolling against the seat, blood on the side of his face and down his coat collar.

'There were just these three pictures, like a snapshot from a camera, and I was not in them myself; they were like three lantern slides which clicked on one after the other.

'My feeling was one of horror, I stood transfixed; then I looked at my mother and I thought she was dead. My one idea was to get to London to see Jennifer, to see her once more; I realized I must have killed my mother and that that would be the last time I'd ever see Jennifer.

'I went quickly to the telephone and rang up Jennifer and told her I was definitely coming to London—I forced myself to be cheerful.

'I then went from the smoking room, took a

suitcase from the hall, went upstairs, put some clothing in, went to my mother's room, took some jewellery, took some luminal tablets, a boxful from my father's dressing room, went out to the garage, put the case in the Triumph, backed the car out, damaged the wing against a wall and knocked the door handle off and heard it fall.

'Then I realized the maid would be back at ten, and if she found that mess I shouldn't get to London, because I'd be stopped by the Police, as the maid would immediately ring up.

'I thought for a while as to where I could put the bodies. I dragged my mother out first, got the wheelbarrow from the coal shed, and put her into it and wheeled it out of the garden into the field; then I thought someone would find the body there, so I wheeled her out to the Point and tipped her over.

'Came back and got my father into it and pushed that out to the Point and tipped him over, but he weighed 14 stone and fell out of the wheelbarrow twice, and the second time I couldn't get him back in, so I rolled him to the nearest point of the cliff and pushed him over and the wheelbarrow.

'During that time I took a brooch off my mother and before I moved my father I took his wallet out of his coat and took all the money I could see, which was five new £1 notes.

'I went back and washed over the kitchen with a bucket and cloth—apparently (from evidence heard at Court) I used a scrubbing brush, but I don't remember doing so.

'I brushed over the garage floor with water and the yard broom.

'I picked up the iron pipe from the kitchen and put that in the car. I was absolutely smothered in blood from lifting the bodies into the barrow. Then I drove off.'

In this account (which was not used as evidence) some of K's actions during the hours preceding the crime appear which were not mentioned before. Whether he did not remember them when making his first statement will never be known. Some concerning the actual crime, remembered before, have already disappeared below the level of consciousness, much as parts of a dream are forgotten after a lapse of time.

These two accounts were given weeks apart, and much had happened to K. in the interval, yet the detail of what he does remember tallies and is strikingly exact. What he reports he is certain about.

Take, for example, in the first (the statement to the Police): 'My father was doing something to my mother's car', and in the second, when describing the first of the 'pictures' which 'clicked on' he says: 'There was his hat and the end of bar and his hand with a piece of flex in it' (from the battery charger).

His recollection of the 'episode' is like that of most dreams; viz. of action, or is visual only. He does not report any words or remember any being spoken. The reading of the novel (a deliberate

choice) seems to have been what one might almost call the 'stimulus' to the 'dream', and the jealousy of the boy who might have taken the girl to Twickenham at the week-end, if K. had not been with her, a corresponding real-life situation which could have been one precipitating cause of the outbreak.

Although I am not directly concerned here with the legal aspects of this case, I feel, and felt strongly throughout the trial, that the fact that K. remembered much of what had happened, and could give what appeared to be a lucid account of the crime, was one of the main reasons for his being held consciously responsible for it.

If anyone could have pointed out to the jury that we can all do both these things (remember and give an account of) in connexion 'with a dream, yet cannot stay the course of it however painful it may be to ourselves, and that the accused had experienced a waking nightmare (not unlike that of a sleep-walker), the progress of which he was equally powerless to stop, the outcome of the trial might possibly have been different. It would have been easy to make the link between this 'schizophrenic episode' and severe night terrors from which he had suffered in childhood.

We can compare this case with that of Gordon, tried in Belfast about a month later for the murder of Patricia Curran. Gordon said he could only very partially recall what had taken place. He nevertheless had sufficient reality sense and recognition of his situation afterwards to impel him to try to provide an alibi in order to escape detection. Without any history of previously recognized mental illness (whereas K. had a long one) he was found 'Guilty but insane'. Among several possible causes contributing to different verdicts in the two trials it seems to me that the being able to remember what happened, or not, was the most important internal one.

Facts not to be found in either of the statements my patient made, but which came out during the trial, throw some light on the confused state of his mind for twenty-four hours after the murders, especially if it is assumed (as held by the Prosecution) that he was trying to cover up the traces of his crime. I am not assuming this.

Having thrown away some of his blood-stained clothing, he not only took the rest with him to London and left most of it in the car, along with blood-stained letters and bank notes, but went about all right and all the next day, until the time of his arrest, wearing a shirt the sleeves and cuffs of which were so deeply dyed with blood, as was his tie, that it is difficult to understand how they could have escaped the notice of everyone who saw him.

The street where he left the car was the first place in which the Police would look for him. The gardener who posted his letters knew Jennifer's address.

He gave his own name and home address to the

jeweller who bought the jewels, yet took a room at the Regent Palace Hotel in the name of Gregory (no reason could be found for the choice of this name). Although he told Jennifer that he was staying with his uncle, he gave her the number of his room at the hotel.

During that evening he spoke of marrying her and shortly afterwards told her that he could not see her again.

It was only during the evening that he had taken much alcohol. If it is thought that this accounted for the absence of moral sense, it is strange that the realization that he 'had done a dreadful thing' should be keenest at the moment when he had drunk most.

Throughout the day he had appeared quieter than usual (perhaps this was not surprising as he had been driving the greater part of the night) but otherwise normal.

The events of this day illustrate most vividly those fluctuations in the relationship between the ego and the rest of the personality in schizophrenia mentioned by Herbert Rosenfeld and others at the Psycho-Analytical Congress this year.

I am strongly of the opinion that at no time during these twenty-four hours did it occur to K. that the police would try to trace him. It is true that, in his second account of the crime, he takes the police into consideration, but they appear, together with the maid, only as another set of 'bad', phantasy parent figures whose aim, like that of the dead parents, is to prevent his reaching the desired love-object. Having attained his end, he does not seem to have given them another thought. He is reported to have said to the Detective-Superintendent before making his statement: 'Let us clear it up with as little trouble as possible', much as if he had broken a window which could be paid for and the matter would then be settled.

This complete inability to relate his actions to their consequences is illustrated by a letter he wrote to Jennifer four days before the murders. In it, after telling her that he had had 'a terrible row with' his father, who had forbidden him to return to London, he said: 'I am terribly fed up and miserable as I was especially looking forward to seeing you to-morrow. And now God and the old man know when I shall. Short of doing him in I see no future in the world at all.'

One has only to ask what future he saw if he did 'do him in', to realize that K. was living in a world in which the reality of execution for a deed of this kind had no place.

Again, he writes to her from prison, when he has been there about three weeks (in one of seventy-eight daily letters):

'You know there is going to be a hell of a lot of unpleasantness between now and February. . . . I think it would be much better if you tried to forget about me. Anything can happen . . . I think you should go out and

see people. After all, if everything is alright we can still take up where we left off.'

Even at that time he had no idea that only two grim alternatives lay before him.

One remarkable feature of the two statements is the record they contain of apparently pointless lying to Jennifer, and of his need to find reasons for this, that is to explain himself to himself.

Lying of this kind and inability to appreciate the realities of his own situation form part of the background of the personality against which this homicidal breakdown has to be considered.

K. M. was born in 1925, and his younger brother four years later. There were no other children in the family.

His childhood was dominated by the conventional social aims and standards of his parents and by their determination to send him to the well-known public school at which his father, who was a solicitor, had been educated.

From a brief, unpublished life of my patient, written by the uncle who undertook his defence and who had known him since he was a little boy, we learn that as a child he had always seemed somewhat nervous and that he was exceptionally tiny, that the nurse who looked after him from the time he was two years of age was severe—even cruel—to him. She bullied him, beating him and locking him up in dark cupboards. We are also told that this treatment had such a bad effect upon him that the family doctor was called in on account of the child's very nervous condition and that he advised the dismissal of the nurse.

K.'s mother could not, or would not, believe that the nurse was ill-treating him, and in spite of the fact that her friends, who knew that this was so, besought her to get rid of the nurse, she kept her for two years. At the end of that time the nurse left of her own accord.

The first witness to be called by the defence was the woman who, at the age of sixteen, then became his nurse. She stayed five years in that capacity. The report she sent in to the solicitors takes up the story of his life. Some extracts from it are as follows:

'K. was four years old when I went there. The main thing I remember about him which was out of the ordinary was the fact that he suffered terribly from severe nightmares. Very frequently, indeed several times a week, he would start screaming in his sleep. I used to have to leave my supper and go up to him.

'I would find him sitting up in bed staring wide-eyed and pointing in terror at something in the room. He was very far away and talking to him did not seem to register at all. I never knew what it was he used to point to. He was trembling violently, and this lasted for some time. It would take about twenty minutes or even longer for him to come out of these nightmares. He would not know that you

were talking to him and it was necessary to slap his hands or even to get a sponge and bathe him gently in order to bring him round. Even when he was brought round it was possible for him to start off again very shortly afterwards.

In evidence this witness added that she and the maid sometimes walked K. up and down the corridor in order to wake him. In answer to a question, she said that he had had these attacks throughout the five years he was with the family.

His mother was extremely kind to him always and I never saw either parent ill-treat him physically in any way at all.

For a long time after I became his nanny (and he was extremely attached to me) K. was an extremely nervous little boy. He would be playing quietly on the floor in the nursery and if I came into the room suddenly he would start up in terror and scream and run wildly into a corner cringing to the wall and shouting "No, no, please don't".

Things would easily get him down. Lessons particularly worried him, and I think perhaps his parents were a little hard on him in this respect. He was having lessons before I went there. His mother taught him up to about twelve months before he started at a day school, and for that twelve months a lady teacher came to the house.

K. was a much more serious child than his brother and was a very reserved, grave little chap. There was not an unkind streak in his make-up and he loved animals and was most kind and thoughtful to everybody.

He was easily upset, particularly when criticized by his father. Something would be said to him, or he would be asked something in connexion with his lessons by his father, and he would very easily burst into tears. This would make his father annoyed, and his father was constantly saying to him, "Don't be such a little baby. You really are a baby." This would distress him more than ever.

K. was very affectionate by nature and loved his mother deeply. I can remember how delighted he was whenever she said to him "Would you like me to come and have tea with you in your nursery?" K. would clap his hands in glee and literally dance about with joy to think that his mother was coming to have tea with him and perhaps play a little with him as well.

Father had a rather peculiar streak, I feel. I cannot say from my own experience that he was cruel in the normal sense of the word, but I had the impression that there was a sadistic side of him. Two things stick out in my mind after twenty years. One was that he was particularly finicky about his food and always insisted on a thin slice of cake being cut off before he would have a piece of it because he said the outside piece was a "fly-walk". I can remember K. asking if he could have a piece of cake and I can clearly remember his father saying "Give him the fly-walk".

Another small thing was when K. had been quite

ill after having his tonsils out the doctor said he must be kept quiet and not allowed to over-exert himself in any way. Within one week of his operation (and he was quite unwell for many weeks after it and very pale and run down) he was being given lessons again in his bed. I can remember how upset he was and how he used to cry and fret himself.

His father was a bit on his dignity with the children. He did not like the staff to mix with the village people at all and was very conscious of his position. When K. was about eight years old his mother said that he was to be referred to as "Master" K. as far as people outside the house and family were concerned.

K. attended a day school from some time in 1931 or 1932 until 1934. There is little information about his behaviour during these years except that he frequently screamed and fought to avoid going. He was then sent to a preparatory school.

The nurse continues her report:

I left shortly before he went away to school and he was extremely upset when I went. He had no wish to go and was very sad because I had gone. To lose the nannie he loved and be pitchforked into a strange school he did not want to go to all within a week or so was undoubtedly a shock to him.

Shortly after I left I received a little parcel of faded primroses which K. had picked himself and inside was a note from his mother saying that he had insisted on them being sent to his "dear nannie". He was a most obedient little boy and gave no trouble at all except for these nightmares.

His uncle, writing of the years at the preparatory school, says:

His reports were not very satisfactory. He was abnormally dirty and seemed unable to concentrate, though he showed some ability at mathematics and cricket. He did not get on well with the headmaster and was frequently beaten. He was an exceptionally small boy for his age, and seemed to feel this. (The reports contained such phrases as 'He tends to lead the life of a mole'. 'He seems content to be a sort of Ishmael'.)

This uncle also says of K.'s father, who later became alcoholic:

There is little doubt that he did not understand or sympathize with his boys. I remember my mother deploring the severity with which he treated K. as a little boy. That neither of the boys was allowed to speak at meals unless spoken to gives an indication of the attitude of my brother to the upbringing of his boys.

K. entered his public school in December 1939. The following are extracts from reports from this school:

Cannot concentrate for two minutes on end.

Gets very little done as his mind is seldom on the job.

Idle, forgetful, inaccurate—but he has some ability.

'He is mentally so immature that he ought to be under private instruction, or almost so.'

Housemaster's report:

'His disregard for the truth is to my mind even more disturbing than his poor work. One does not expect much sense of responsibility at his age, but in him it appears to be entirely wanting. So far the attempts to bring him to a reasonable frame of mind have been quite unsuccessful.'

In a statement made to the police shortly after K.'s arrest, his housemaster says:

'He was anything but an ordinary boy, and after his fourth term his father, decided, with our full approval, to take him away . . .'

'He met with no success in his work here, and in his reports, from 1940 I find such remarks as "Incorrigible", "Wasting his time", and finally "Would be better away". My own memory of him, as his housemaster, is that he was unusually dirty, and that he was as likely to tell a lie as the truth on any occasion, not to gain anything for himself or even to get himself out of trouble, but almost as a habit.'

'Another possibly significant peculiarity of his was the habit of screwing up and biting the sheets on his bed to such an extent that he often made large holes in them. The one department of school life where he seemed to be at home was on the cricket field, where he showed distinct promise even as a small boy.'

It was at this moment that the parents, on the family doctor's advice, consulted a West-country psychiatrist (to whom I was acting as assistant), and in January 1941, when K. was just fifteen, he was sent to me for analysis. His home was too far away for him to attend from there, and it was arranged that he should live in the city with a grandmother, be coached by a tutor, and come to me four times a week.

The first impression he made was that of a courteous well-bred little boy of about twelve years of age, who was not yet through the untidy and grubby phrase of development. His face, though round and rather child-like, had a strange pallor, and his hands were badly cyanosed.

The only piece of really abnormal behaviour reported to me had been his biting holes in his sheets, but it was not long before I discovered that I was dealing with a very pathological personality.

He was almost completely inarticulate at analysis except that occasionally, as he came into the room, he would make a polite little excuse for being late. He would then relapse into the settled gloom which seemed to be his prevailing emotional state at that time.

At times, the well-mannered public-schoolboy was so clearly a superstructure that one could almost have thought it a conscious playing of some rôle. His identification with his father later in life too appears to have had this quality. I am told that his father took *The Times* and always did the crossword

puzzle, and that K. insisted on taking *The Times* and talked a great deal about doing so. Even in prison (while awaiting trial) he used to try, unsuccessfully, to do the crossword, and it is significant that he mentions his attempt to do it during the afternoon preceding the murders, just when he most needed the reassurance.

I gave him a paper pad to use at analysis but do not remember his ever having written or drawn anything on it. When he did anything at all, he would sit scribbling all over the cover of the pad or scoring it with a pencil and making deep holes almost through the pad. He gnawed the pencil throughout its length.

He showed no feeling, not even the fear which must have prompted him to stay away or sometimes to come very late. He missed twelve appointments out of the possible forty-five between January and April 1941.

The arrangement with the grandmother did not work out well. K. was getting no games, and cricket was almost his only satisfactory sublimation. The psychiatrist therefore used his influence to get him into a west-country public school. He was accepted with regular treatment as a condition.

The distance from the city entailed an hour's journey each way, and twice a week was the utmost that could be managed. He had twenty-five sessions that term and did not miss any.

All the psychiatrist's notes, and any reports I may have sent him, were destroyed when his house was burnt out in an air raid, but one or two letters relating to that time are extant, and I will quote from them.

The first is from his housemaster to his mother, written when he had been at the school about a month.

'The general opinion of the masters who take him is that his work is rather intermittent so far. I have spoken to Miss Sheehan-Dare on the telephone about this and she suggested that I should do nothing about it (save for a word or two of encouragement) at present.'

'The monitor of his dormitory tells me that he sometimes talks in his sleep. The monitor asked me if he had been bullied in the past, as his ramblings suggested this.'

'I am afraid this will not read very encouragingly, but I feel sure that he has settled down here and is happy. He is a very good cricketer and has played two good innings in the two house matches we have had.'

The second is from the psychiatrist to the family doctor, written after the end of that same term.

After explaining the difference between introvert and extravert types and the sort of illness each is liable to if he breaks down, this psychiatrist says of my patient:

'Now, up to the middle of June the position was that he undoubtedly belonged to the introvert type and had been subject to very considerable emotional

disturbances, which gave rise to psychological difficulties. But there was something beyond that, and he was showing an almost complete lack of any insight whatsoever into the gravity of his position. According to him, his relationship to his home was excellent, to his previous school the same, there were no difficulties with his friends, in fact he had not any difficulties anywhere; and even the amount of interest displayed by other people in him and their anxiety to help him produced no particular result. So it became more and more apparent that, apart from his psychological difficulties and introvert make-up, there was a constitutional factor at work; and I had begun very seriously to consider as to whether we should not have to use physical means of endeavouring to bring about a change.

'But about the middle of June a change began to be apparent. Instead of being very unpunctual and at times inclined to break off his appointments (resistance to treatment) he began to arrive punctually and to be much more active towards what was being done. The report from his housemaster showed improvement, his work improved. And ultimately he ended up by having the best school report he has ever had, as well as a very satisfactory House report from his very careful and painstaking housemaster.

'In spite of this, I don't feel like altering the assessment I have given you in the slightest. But I do think that we should perhaps just feel thankful that we are getting some results at last and that the door which was slowly closing entirely is already opening again towards the outside world. We have got to go on, if we are to stop him from breaking down mentally when he reaches adolescence. And, although I think that the prognosis here should be regarded with very great caution, as far as it goes now it is distinctly better at the moment. That is as far as I can go at present.'

I do not know to what this apparent improvement was due. At this distance of time I cannot remember what interpretations I gave him. There seems to have been a shifting of symptoms and repressions. His work improved and he passed the School Certificate Examination before leaving school. The atmosphere of the school was sympathetic, and the twice weekly journey enabled him to escape from the other boys. There is little opportunity for being alone at boarding-school.

During the next term, autumn 1941, he continued to come twice a week and kept all his appointments.

After that, his need of time for both work and games increased, and he appeared, to the people in his environment, to be less in need of treatment. How much this was merely an appearance will be seen from evidence given at the trial by a schoolfellow.

I was strongly opposed to his being dropped suddenly and unexpectedly. At that time analysis was a revolutionary method of treatment in the West country and daily analysis unheard-of. One session a fortnight was conceded by his parents.

K. always remembered to come, and throughout the year 1942 he only missed two sessions although the city was being bombed by day as well as by night. He came fortnightly until March 1943. I thought he probably did so largely in order to get away from school and be able to wander freely about the city, and for the reassurance of seeing me alive. When, at the end of that term, he himself suggested (in the form of a message from his parents) giving up analysis, I agreed. He had had a total of 100 sessions, or part-sessions, spread over a period of two years and three months. He left school in July of that year.

A contemporary of K.'s, a former pupil at the same school, when he read of the murders, wrote and offered to give evidence because he remembered how abnormal K. had appeared to be at that time. He writes:

'He was in the same house as I was and for some time slept in the next bed to mine. There was some mystery attaching to him. He was already 15 or 16 years old when he came and we believed that he had come from another public school.

'Though normally quite a cheerful person he used to curl up in a timid fear when threatened in any way and we always believed that he had been bullied excessively. On one occasion I remember when in no way threatened he had a fit, threw himself on the floor and cried "Don't hit me! Don't hit me!"

'I have also just learnt another story about him from a friend of mine who shared a large study with him. On this occasion he flew into a rage and threatened to cut himself with a knife. A moment later he did so, jabbing the knife into his leg. The shock seemed to have brought him round sharply as he shuddered, pulled up his trouser leg, and in a frightened voice said, "Look, it's bleeding".

'I don't remember anything more about him. He was not a close friend of mine.'

Neither of these incidents was reported to me at the time. When questioned about them in prison, K. did not remember the 'fit' at all. He recalled, rather dimly, something about the stabbing, but, in spite of having borne the scar ever since, he thought it had happened to another boy. This is the only clear indication we have of dissociation in adolescence.

The rest of his life story, taken from the brief biography already mentioned, is as follows:

In December 1943 K. was called up and joined the Navy. He served as a seaman on the lower deck for approximately four years, during which he spent much of his service in destroyers in the North Sea and the Far East. He was released in March 1947. There are no reports of abnormality during his naval service, but it seems significant that with his educational background he did not rise above the rank of seaman.

When he left the Navy he was articled to his father. This was not a success. He did not like the law, his old lack of concentration and idleness

reappeared, and he was markedly untidy and unkempt. Part of his time was spent with a firm of legal coaches in London to prepare for his examinations. He did not work and more often than not failed to attend lectures. He failed in his examinations. While in London, some cousins who saw something of him described him as having deteriorated, as being careless of his appearance, and not strictly honest about money.

As it was obvious that he would make no career in the law, his father obtained a position for him with a firm of land agents and auctioneers in Hampshire, and he joined the firm in the spring of 1950. He was no more successful here, and after some eighteen months was dismissed for appropriating a sum of some £70 from the safe of which he was put in charge while a colleague was on leave. He received about this time a sum of £750, part of a legacy left him by a godfather. He squandered this in about six months on drink, hiring cars, etc. in the Bournemouth area.

The tale of his further decline into a state of complete inability to fend for himself is given in his own words in his statement to the police which has already been quoted.

K.'s father formerly sat as Under-Sheriff in the Court in which my patient was tried, and the psychiatrist consulted in 1940 sometimes met him there. Three years ago, learning, on enquiry from him, of K.'s rapid deterioration, this psychiatrist strongly advised him to seek further psychiatric treatment for the boy. This advice was ignored. The home doctor's attitude seems to have been that K. was a disappointment and a disgrace to his father, and that the less said about him at home the better.

The course of K. M.'s illness can be traced through three phases:

(1) That of extreme anxiety, expressing itself in night terrors, waking anxiety attacks (it is not clear what these were, but they included lack of recognition of the nurse he loved or at least of her attitude towards him) and sensitiveness to anger or blame. The seriousness mentioned probably indicated some depression. During this phase he had the capacity for intense feeling of every kind.

(2) Beginning with his boarding-school life: That of depression, solitariness, and the increase of intellectual inhibition and lack of concentration. These symptoms were carried on into his public-school life. To them were added lying and some fiercely oral-sadistic behaviour (biting holes in his sheets).

By the time he was fifteen his sense of reality was greatly impaired, as was his capacity to feel.

(3) The most obvious features of the third phase (the last five years of his life) are alcoholism and minor delinquency. On returning to civilian life he becomes a county cricketer but fails at everything else. During this phase he seems to have become capable of emotion again, at least in certain areas of his personality.

He was sexually promiscuous during the last year or two of this time. His relationship with Jennifer was different from his other attachments to women; it more closely resembled the beginning of an ordinary love relationship. He had been sexually abstinent for about eight weeks before the crime.

I have not been able to find out whether the lying began at the prep. school. The reports take us only up to 1937. There were no complaints of it in the nursery or at the second public school. This significant fact points to the conclusion that it was a mild confused state which came on under conditions of (for him) intolerable strain. It was true to say (as people said) that he did not know when he was telling a lie.

His endeavours to find reasons for his lies (as in the statement to the police) can be seen as a groping after reality, an assuring himself that he is in control.

When the homicidal impulses have taken complete control and he has killed his parents, he says, 'God knows for what reason I hit them', and again, 'I can't account for my actions', but when he has moved in the twilight of a confused state he tries to account for what he has said.

No rational reason can be imagined for his telling Jennifer that he was staying with his uncle, or that he had put the car in a garage when she could have seen it standing in the street.

The assertion that he was up in London on business for his father, which he tries to explain by saying that he was putting on 'a bold front', could be seen as an unconscious denial of the murders. (If he had been on business for his father, the father would still have been alive and the possession of the car legitimate), but he had already given this to Jennifer on the telephone, during the afternoon before the murders, as a reason for coming.

The phantasy of being a guest of his uncle in St. John's Wood sets the scene back several years to a time when he was studying law with a view to entering his father's office and his father's profession, and therefore, like that of being in London on business for his father, contains within itself the combined phantasies of being on good terms with his father yet identified with him.

The prominence he gives in his statement to the police to the confession of his 'lies' (about which he is not being questioned, and which have nothing directly to do with the crime) is significant. It comes next to his avowal of the murders and throws some light on the probable source of his earlier lying at school, where he felt himself to be so much threatened.

The 'bold front', the identification with the father after having symbolically robbed him of his potency (the car), bears witness to the almost complete absorption of his personality by, and into, his phantasy life at this time.

The need to 'keep up an appearance' (as he puts it) followed him to almost his last hours.

From the condemned cell he writes:

'The worst time is waking up in the morning. I am never alone, but always have two prison officers with me, which at least makes me keep up an appearance.'

After the trial K. became what one observer called 'far more normal and recollected'. He faced death with great courage. One reason for this may be found in one of his last letters:

'... and don't you think it really rather a merciful end to three months of the most utter hell you can imagine?'

Evidence that K. was not devoid of moral sense and was capable of a good deal of altruism is to be found in the letters to Jennifer already quoted:

'I have had a terrible row with the old man, made worse by the fact that as usual he is right.'

And, from prison, he is ready to give her up in order to spare her unhappiness.

How then is it that he had so little realization of the gravity of what he had done and seemed so utterly callous about it? People visiting him in prison were struck by this attitude, and he himself remarked to one of them:

'I don't seem to have any comprehension of the dreadful thing I've done. Do I?'

A psychiatrist, examining him in prison before the trial, thinking it would be interesting to find out (since K. had had fleeting suicidal impulses) whether he still felt depressed, asked him:

'Do you want to die now?'

(Answer) 'No, I want to live.'

Asked if he had any special reason for saying this, he replied:

'Well, quite frankly, I want to live to see if England can beat the Australians at cricket this year.'

This absence of feeling was probably in that area (if one can put it thus) over which the sense of reality was impaired, and I should like to suggest that perhaps feeling of responsibility is in proportion to the extent of ego-control at the time an action is carried out. It is normal to feel no responsibility—and no remorse—for what happens in a dream.

I am not, of course, unmindful of the part played here by the denial of unconscious guilt and the many other factors which may have contributed towards this attitude, but it is clear that insensitiveness is, in this case, limited to certain happenings and to part of the personality only.

There is a subject, perhaps not entirely relevant to the main purpose of this paper, which I feel I must touch on, since it might have great practical importance in cases of this kind. It is that of possible danger-signals which could be read by people in the environment if they had even a little insight.

As my observations are based on two cases only, they may have no value whatsoever. I will make them, nevertheless, since it is possible to do so out of such an exceedingly limited experience.

K. was preoccupied during the day (probably days) preceding the crime, not only with his intense desire to return to London, but with the entirely unreal belief that his father would lend him his car for this purpose. Nothing could have been further from probability. It is certain, as far as anything about it can be certain, that he would not have done so, yet so much was my patient possessed by this idea that none of the other possible ways of making the journey seems to have occurred to him, and he interpreted his father's manner at mid-day as fitting in with his own wishes.

One gathers, from his letter written earlier in the week, that he had accepted his father's decision that he was to stay at home, but, as tension mounted, his sense of reality weakened. The mere fact that he expected his father to lend him his car and asked him (at lunch) to do so could have been a warning of deterioration to anyone able to read the signs of it.

A comparable case is that of Winstanley, who shot at and slightly wounded Lady Derby, and killed two of his fellow menservants.

Evidence given by other members of the domestic staff at his trial showed that he had been preoccupied for some time with the entirely unreal belief that he could sell for £220 a pistol he had bought for £3 and a pair of trousers.

You may remember that he gave as his reason for seeking out Lady Derby that he thought she would help him to get rid of his gun.

The problems which the case of my patient leaves us to solve are those of the relation between consciousness, ego-control, and the feeling of responsibility. Can responsibility, in the legal sense, be measured? And, if so, how?

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PSYCHIC SELF-ABANDON AND EXTORTION OF CONFESSIONS

By JAMES CLARK MOLONEY, M.D., BIRMINGHAM, MICHIGAN

Abraham Kardiner (10) some years ago reiterated the concept of 'bound cathexes' as representing mastery (e.g., oral mastery). 'Bound energy', he said, 'has somatic connections which are fixed, and the qualities associated with each are specific and not freely interchangeable. Its functions are executive. . . . It can be directed toward the outer world or against the ego itself.' In my opinion, energy not only is bound in the ego structure but also in the battle-line established to preserve the ego from being overcome by the superego. It is along this battle-line that armed neutrality exists.

Even during the helpless dependency of infancy the individual can sense whether his mother is compulsive, perfectionistic, and dominating—or permissive, warm, and relaxed. Recent studies in child development indicate that somewhere in his fibre he knows whether his mother requires unconditional obedience and submissiveness. Many individuals who have been dominated by their mothers actually are afraid to accede to any request of the mother-patterned superego even if the request is legitimate, reasonable, and intelligent—lest by giving in even a little they be tricked into meeting *all* of the demands of their superegos, and thereby become merely the superegos' carbon copies or 'stooges.' Out of their fear they develop rebellious attitudes toward the superego and toward the mother, establishing intrapsychically an armed neutrality between the self-system and the mother-system.

The paralysis of armed neutrality engendered in infancy may remain with an individual into adulthood. To maintain an apparent adjustment to the world around him, such an individual must constantly battle within himself, his self-strivings perpetually entrenched in opposition to the mother-inspired demands of his superego: entrenched, yet always seeking to gain an inch against the 'energy.' But if the individual finally relaxes in his inner struggle, if he gives up trying to maintain this armed neutrality

between his self- and mother-systems, then he may experience a theophany—a blinding flash of 'inspiration' which seems to light the way toward resolution of his inner conflicts. He readjusts his whole psychic focus and surrenders his self-strivings, his own internal rhythms.

A theological concept closely associated with theophany is *kenosis*, defined by Webster as 'Christ's action of "emptying himself" on becoming man, humbling himself even to suffering death.' Webster refers to Philippians ii. 7 (Revised Version), which says Christ 'emptied himself, taking the form of a servant, being made in the likeness of man.' The *Abington Bible Commentary* (6) interprets this passage as meaning that Christ 'divested himself of the divine glory which he had when in the form of God.'

Whatever its theological significance, psychologically speaking the process of *kenosis* is one experienced by many men; but there seems to me to be another meaning than the one attributed to it by theologians. Rather than *kenosis* being an emptying from the God (authoritarian) system into the self-system, I conceive it as being exactly the opposite: the memorial self-system empties into the memorial authoritarian-system, creating a psychic self-abandon. God does not, I feel, become man, but through the experiencing of God in theophany and related occurrences man becomes God or, through experiencing an inspiration, becomes God-like in the sense of becoming able to comprehend or achieve what was formerly felt difficult or impossible. It is the sudden release of bound energy noted earlier which constitutes the sense of emptying, and the flashes of inspirational light.

Albert Stunkard (13) described a facet of the training of Zen Buddhist priests in which a type of theophany, or sudden enlightenment, known to the Zen followers as *satori*, is experimentally induced in each novice. Every Zen novice works under a master (a Zen priest), whose more or less constant presence during the train-

ing period is indispensable. The Zen master provides the novice with an insoluble problem called a *koan*, such as: A sound is made by the clapping of two hands. What sound is made by the clapping of one hand?

The novice applies himself to meditation on the *koan*, spending hours, days, weeks, sometimes months, while the master checks his progress or lack thereof. Finally, the novice becomes exhausted and gives himself up to a sense of utter defeat. But when he reaches this state, suddenly he experiences a flash of enlightenment, a 'solution' to his problem. Stunkard (13) quotes one subject's account: 'As I walked along I became aware that I was the same as the trees at which I was looking. It was not that I had ceased to be myself—but I had become the trees as well.'

The experimentally induced theophany of the *satori* contains all the prerequisites for spontaneous theophany: sustained effort, subsequent exhaustion and/or relaxation of concentration, and, finally, sudden insight, inspiration, or solution. These are also the ingredients of creative inspiration and the 'inspirational' experiences of psychotics.

Boisen (1), quoting from Hutchinson, said: 'The scientist, the artist, the practical thinker—the profession makes little difference—has before him a problem involving some explicit production or decision in life situations: For months or years, it may be, this problem remains unsolved, this creative intention unfulfilled. Attempts at solution have ended only in bafflement. But suddenly, usually in a moment when the work has been abandoned temporarily, or when the attention is absorbed by irrelevant matters, comes an unpredicted *insight* into the solution. As if "inspired", "given", ideas arise which constitute a real integration of previously accumulated experience—an answer, a brilliant hypothesis, a useful "hunch", forming, it seems, a short cut to artistic or scientific advance. . . . Thus the pattern of insightful thinking . . . involves a period of preparation, a period of renunciation or recession, a period or moment of insight, and a period of verification, elaboration, or evaluation. The process of creative thinking is the cycle of these stages in multiple and ever-changing emphasis.'

Joad (9) says in his discussion of the *Psychology of the Creative Process*: 'Modern psychological theory supports the Platonic account of the aesthetic process, more particularly in respect of its recognition of two distinct stages,

the first a stage of sustained intellectual effort, the second an ensuing flash of intuitive apprehension, which are very similar to those affirmed in the *Symposium* and the *Republic*. A brief account of modern psychological work on the subject may serve a useful purpose in developing the Platonic view.

In a well-known work, *The Art of Thought*, Professor Graham Wallas summarized the information which modern psychology has obtained with regard to the processes involved in the birth of new ideas in the world of thought and original inspiration in that of art. His summary goes beyond that of Plato's account in that it distinguishes four stages in the process which leads to the making of a new generalization, the discovery of a new formula, the devising of a new invention or the conception of a new work of art. The first is that of Preparation, during which a particular problem is investigated in all directions; the second, that of Incubation, during which no conscious thinking is done in connection with the problem or work of art with which the creative thinker or artist is concerned; the third, consisting of the "happy idea", together with psychological events accompanying that appearance, is called Illumination; and the fourth, embodying the working out and application of the idea in thought or the execution of the work of art, Verification.

Particular stress is laid upon the importance of Preparation as a preliminary to Illumination. Professor Wallas speaks of the many men of genius who have done their best work after a period of idleness. But the period of idleness must itself be preceded by a spell of hard thinking, during which the intellect is working at full pressure. To adopt the language of modern psychology, we may say that consciousness during the Preparation stage propounds a problem, collects the relevant data and explores different avenues for a possible solution. A period of rest ensues during which the problem and relevant data are transferred to the unconscious. That the unconscious may work effectively consciousness must, so far as possible, be unoccupied. The solution is worked out by the unconscious, and appears in due course in consciousness as the "happy idea" of the scientist and the inspiration of the artist.

The conclusion bears out Plato's hint in the *Symposium*. Wallas like Plato stresses the fact that the "happy idea" which succeeds the period of hard thinking is of an entirely different

order for the thinking itself. It outruns the thinking, and, although it is led up to, is far from being necessitated by it. The mind, in other words, makes a definite jump, and it is for this reason that in the sphere of science a subsequent process of "Verification" is necessary' (9).

Boisen adds that the schizophrenic has in common with the normally creative thinker a period of preparation or frustration, the unpredicted insight which comes as "inspired" or "given", carrying authority because of the way in which it comes and producing a mood of exaltation and a sense of finality. In both there is the period of elaboration and criticism represented in the flood of new ideas and a consequent strain upon the critical faculties. What is not so clear is the period of "renunciation" or "recession." Elsewhere, Boisen (2) elaborates: 'The origins of both Quakerism and Christianity can be found in the experience of individuals. In both cases they were men who were convinced that they had tapped anew the sources of spiritual power and were commissioned as spokesmen for a Greater-than-themselves.'

The artificial induction of a theophany by means of the *koan* bears considerable similarity to the experience of Ignatius Loyola, though his theophany was unplanned and unexpected. The Zen theophanies, as we have seen, are induced almost as if they were laboratory experiments in psychology. Loyola, on the other hand, already in bad physical shape from a wounded leg, accidentally exhausted himself emotionally through intensive contemplation of Christian philosophy. When he ceased his contemplation and relaxed, he immediately experienced a vision of the Virgin Mary. When the Zen novice cannot achieve the solution of his *koan* by arduous, concentrated application of intellect, he too relaxes his efforts and some form of theophany immediately results.

When a phantom authoritarian and a self-system reside together in the same mind, in some instances and combinations, their coexistence operates as an 'influencing machine' (14) that produces strange and far-reaching results. It is evident on penetrating to the deepest level of the dynamics involved, that whatever the surface picture, in every instance of theophany, kenosis, psychosis, or inspiration, the individual achieves or attempts to achieve security through becoming a carbon-copy of his superego. If he does not dispute the master, the person becomes a part of the whole, a component part of the master's plan, and hence gains the master's

power and protection. The unequivocal obedience and obsequiousness of every Japanese citizen to the emperor is a comparable phenomenon. The 'peace-at-any-price' attitude, or return to the superego, which occurs in theophany and the like is analogous to the original 'togetherness' with the mother. This corresponds with the 'elation concept' of Lewin (11).

The foregoing evidence bears a disturbing relationship to what has become in modern communist intelligence circles the routine technique for extracting information, or 'confessions' from captives. One may reasonably assume that the now familiar interrogation methods, which are virtually identical whether applied in Russia, China, Spain, Hungary, or Czechoslovakia, were developed by the Russians and taught to their communist puppets in other nations. Certainly the Russians, with their profound knowledge of psychology, and their communist pupils in other lands seem deliberately and calculatingly to exploit 'religious' experience in a manner reminiscent of the Zen Buddhists. The difference in application of the method is one of degree only, the Zen training lacking the overtones of cruelty and fear associated with the communist questioning methods. There is also somewhat less emotional and physical stress involved in the Buddhist *satori*.

I must, however, emphasize that there is no great uniformity in the response of their victims. I postulate that the differences in the length of time it takes for the communists to reduce various victims to the point of confession, as well as the individual's choice of escape from the communist menace *before* capture, or suicide or escape *after* capture (or unsuccessful attempts at either) is the result of acquired subconscious differences in the psychological make-up of the various individuals. Jan Masaryk, for example, may have elected suicide because of a well-developed self-system and a clear understanding of reality. He may well have understood that martyrdom resulting from submission to interrogation and imprisonment could have value neither to his countrymen nor to himself. One-time Czech President Beneš may have escaped from the range of the communists because he, too, was unwilling to surrender self to authority and because, realistically, he knew that he could better serve his people as a free man rather than as a prisoner of the communists. I have a strong feeling that even if Beneš and Masaryk had been put through the type of interrogation to which Cardinal

Mindszenty submitted, they might never have 'confessed.'

While it is difficult to support these postulations about the Masaryks and Benešes, we have Mindszenty's own statements (5) to illustrate his predisposition to surrender to authority. That he did not, for example, differentiate his own mother from the Catholic Church, which symbolizes the Virgin Mother with Christ as the resident of her womb, nor any of these from his homeland, can be established from the prefatory statement in his book: 'If this book should make these three stars—Mother, Church, Homeland—shine more brightly, we should be very happy.' He also shows clearly the strong domination of the superego in his life: 'God himself could raise the mother no higher, give her no greater glory, than that He Himself, who has called the worlds into being, who commands the winds and waves, who holds the primeval mountains in His hand—than that this almighty God should descend to a woman's womb and become her child; and she, His mother.'

There can be no doubt that Mindszenty's preoccupation with the concept of becoming secure and powerful through the surrender of self to the greatest power of them all—his God idea—predisposed him to the response elicited in his experience with the communist intelligence. For him the surrender of self-system to authoritarian-system was natural, as was the very principle of martyrdom.

In October, 1952, I was able to obtain further confirmation of my beliefs regarding the psychodynamics of the communist interrogation methods. Acting on my behalf, a trained social worker personally interviewed Robert Vogeler, the American business man who fell into the hands of the communists in Hungary.

The worker had prepared questions, but Mr. Vogeler, without prompting beyond the query, 'Did you actually sign what the communists call a "confession"?', presented the information out of his own strong convictions and careful analysis of the interrogation procedures as he had experienced them.

He described the entire procedure—which, with relatively few exceptions, was limited to mental or psychological torture—as a 'conditioning process.' First he was subjected to isolation for several days, after which he actually welcomed being summoned before his inquisitors. The association began on a level of friendly conversation. The questioners pointed out that they had also suffered at the hands of

the people Vogeler represented—the capitalists. They implied sympathetically that he was now in the same position in which they had been—a political prisoner. Soon, however, their initially friendly conversation turned towards efforts both to indoctrinate and to trap him.

To accelerate the process of breaking him down, Vogeler was 'constantly plied with stimulants. Cigarettes and coffee were routine, and he is convinced, from the extreme light-headedness which the coffee induced, followed by a marked let-down, that a drug similar to amphetamine was added to the beverage much of the time. The first questioning continued for seventy hours without cessation except for brief interludes in which the chief examiners left the room. Each time he became drowsy and unclear they gave him more coffee. At all times during the questioning and in his cell bright lights shone in his eyes.

After seventy hours of interrogation Vogeler was placed in solitary confinement for about ten days. The only clothing left him was his trousers and shoes. The cell was cold and wet and equipped only with a steel bunk with slats and pillow of wood, lacking mattress or covers. His only method of gauging time during this period was the arrival once daily of a single slice of bread and some water passed through the window in his cell door. In adjacent cells he could hear heavy thuds, screams, and groans, sounds highly suggestive that other prisoners were being beaten. Mr. Vogeler said that the sounds seemed genuine, but he felt that they may have been faked for his benefit, adding more unknown fears to his uncertainty.

When the communists saw that Vogeler was beginning to wear out, they presented him with a vicious accusation. It was apparent that they expected him to react negatively, but his refusal to agree to a preposterous statement brought a resumption of the questioning. In time, twenty such accusations were made, each less preposterous than the last, which he failed to sign.

Mr. Vogeler emphasized that the entire imprisonment and interrogation had been like a carefully rehearsed play, full of dramatic techniques and stage-effects. The cell door would be opened suddenly and then, as if discovering he was in the wrong place, the guard who had opened it would as suddenly retreat, always slamming the door hard behind him. There was much whispering—seldom loud talk, but persistent, almost constant whispering—which he described as far more disturbing than loud

voices might have been. He was led to his questioners after sudden, rude awakenings at irregularly-spaced hours. First for four hours, later for ten hours or more, a round of interrogations was punctuated by brief periods of 'rest' in solitary confinement. He was told that he hadn't co-operated and that he would be held until he did. Witnesses, some of whom he knew, were introduced to testify against him and try to move him to agree to the accusations. Most of them had been terribly tortured. Many had had their nails pulled from their fingers. Others had had their feet beaten—a 'favourite' form of communist torture, he said, because it is agonizing but rarely fatal, hence often productive of confession.

Another ten days or so were passed without questioning, again in solitary confinement, before Vogeler again was presented with the accusations. Many of these were in his own words, more or less distorted by being taken out of context. Finally, after sixty days, he was at the end of his tether and wrote a 'confession' which he consciously phrased as extravagantly as possible, hoping that its very ridiculousness might transmit a message indicating his desperate position. However, the communists objected to this form of admission and a few days later they gave him a prepared list of twenty-three basic questions, with the desired answers blue-pencilled. After the 'subject' had memorized the marked answers, he was permitted to recite them at a trial and affix his signature to his 'confession'.

Throughout seventeen months of imprisonment Vogeler prayed a great deal and spent long intervals reviewing his life, trying to discover what he might have done to have gotten himself into his present situation. He worried a great deal about the welfare of his wife and two sons in Vienna, and even feared for the safety of his German-born father in America. Vogeler was convinced that a human being could not survive such treatment as he was undergoing without support from a higher source; under such circumstances prayer seemed a logical resort. His father was Lutheran and his mother had been a Catholic, but they had given him free rein in religious affiliation, and he had been confirmed an Episcopalian. Although never profoundly religious, he had always attended Church more or less regularly and tried to live as a good Christian.

Mr. Vogeler had attended Annapolis Naval Academy and served as a naval officer, facts

which the communists knew. Accordingly, throughout the questionings every possible means had been used to make him feel traitorous to his country. They succeeded well in this effort, for constantly he had been assailed by a sense of guilt and repeatedly asked himself, 'Am I really a traitor? Did I say something to betray my country?'

Summarizing, Vogeler believed that the communists seek some weakness in each subject's character—some fancied slight he had suffered in his life. With him the communists stressed the fact that he had been *used* by a big corporation, sent to Hungary to exploit the workers, to endanger his own life and to fall into his present situation. They had said that the capitalist system had *abandoned* him and that inquiries about him had not been made by the United States.

In discussing possible psychological predisposition to confession under the circumstances to which he had been subjected, Cardinal Mindszenty was mentioned. It was pointed out that Mindszenty had a well-developed maternal orientation, both in reference to his own mother and in the religious extension—the holy mother, the Church. Vogeler agreed and remarked that this may well have accounted for the fact that the Cardinal had 'confessed' after only forty days, while with less rigid religious orientation he had held out half as long again. He agreed that Jan Masaryk was undoubtedly of a different type from either of them.

The interview with Robert Vogeler presents clear evidence of the type of superego structure with which we are concerned. Several points should be emphasized. First, Vogeler's father was German, a nationality group which puts great store by authoritarianism, especially of the father. However benevolent this authoritarianism may be in actual application, it includes a generally clear tendency to defer to the male parent as the final authority in all family matters, particularly in the disciplining of children. The father in this instance was a member of a Christian sect noted for rigidity and rather extreme deference to a still higher authority, God. One may suppose that Vogeler's French mother may have been capable of greater flexibility and freer emotional activity than the father, which may well have contributed to her son's generally adequate emotional adjustment. Yet, his mother, too, belonged to a highly authoritarian religious group. It is interesting that both parents permitted their son to elect his own religious faith; and interesting that he did

not depart far, choosing one also distinguished by clearly defined ritual and routine accession to the higher authority of God, Jesus Christ, and the Holy Ghost.

It is not surprising that Vogeler identified himself with the naval service, again an authoritarian milieu, both in obtaining an education and in pursuing for a while a peacetime naval career. The patriotism he developed to a considerable degree is but an extension of the superego involvement which must surely have resulted from the earlier familial and religious atmosphere.

The worker noted that Vogeler seemed to relate himself easily and directly toward another person and that he displayed considerable relaxation. She detected no lingering nervousness which might have carried over from his traumatic experience.

Mr. Vogeler mentioned his self-questioning of whether any of his acts might have led to his becoming a victim of communist persecution. It is clear that he felt there were certain prescribed ways of life for him, and the feeling implied is that at some point in his life he accidentally or unconsciously might have surrendered to self, rather than acceding as usual to authoritarian demands. The statements regarding conviction of support from a higher power than his own self-preservation mechanisms and the resorting to invocation of that support through prayer demonstrate again his habitual reliance upon superego forces, especially in times of stress.

I feel these statements in no wise differ from what Mr. Vogeler himself believes. He said he had been susceptible to guilt-feelings insinuated by the communists and pointed out that his patriotic and religious orientation encouraged the guilt-feelings. Perhaps most significant is his own expressed recognition of a difference only in degree between himself and Mindszenty. Moreover, it was he who called attention to the parallels and variations in the communist methods and urged that I familiarize myself with the story of El Campesino (7) and with Edward Hunter's *Brain Washing in Red China* (8).

Though the interpretations may be to some extent conjectural, such an accusation cannot be made with reference to the methodology of the communists. Vogeler and other sources all show that the communists have employed, as do the Zen Buddhists, the technique of inducing exhaustion after a prolonged period of unrelenting application of intellect to a problem.

Vogeler was kept at the highest possible pitch through application of stimulants, lights, noise, and general badgering until he had reached a state of being completely exhausted, emotionally and physically. Then he was allowed to relax. At this point, and not before, he *gave up*. While for him an actual theophany did not occur, certainly the equivalent is evident in his memorizing and mouthing specious answers to specious questions. One cannot imagine more than a small portion of his normal intellect and reasoning power remaining at the time of his trial.

By obeying the communists' orders to memorize, recite, and sign the confession, Vogeler was merely acceding to the only authority which any longer seemed real to him, a parasitic superego, as Sperling (12) has described it. The authority of his captors for the moment served as the stern father, God, or military commander. To accede to them under such circumstances was identical with acceding to parent, priest, or other authority in normal life situations. This is not to say that he transferred his allegiance and became imbued with communist philosophy. Instead, he achieved a psychic transfer of the control of his self-system from the authoritarian superego-systems which had formerly governed it to this new power which now prevented his self-determinism.

Consider Vogeler's situation in the light of what occurred with St. Paul: Saul had previously surrendered his self-system to the authoritarian-system represented by Jehovah and the dogma of Judaism. When his theophany occurred, Saul resolved his inner conflict, not by defeating the authoritarian or superego-system, not by thrusting his self-system into control, but by substituting a new superego-system for the old, i.e., Christianity for Judaism.

American intelligence officers have marked the amazing willingness of Japanese prisoners in World War II to answer honestly and without hesitation any and all questions put to them by their captors. Some Americans have believed such behaviour to be the result of lack of preparation of Japanese soldiers for the eventuality of capture. On the contrary, it is a striking example of the ready accession to the demands of anyone in authority which is inculcated in every Japanese from early infancy onward—yet another example of the St. Paul-Vogeler type of *psychic transfer* from one superego-figure to another.

Valentin Gonzalez's (7) account of his experiences under NKVD interrogation and imprison-

ment at the notorious Łubianka Prison makes it clear that he, El Campesino of the Spanish Civil War, was of a very different stamp from Mindszenty and Vogeler. Not only was he endowed with a sturdy physique and toughened by hardships over a period of years before he fell into the hands of the NKVD for the second time, but by his own words he was self-respecting and self-sufficient in the extreme. Of the natives of his home province of Estremadura in Spain he wrote: 'They had pride and a fierce belief in human dignity.' Like Vogeler and the rest, his period of conditioning was marked by his captors' efforts at exhausting him, and again there were the lights and other artifices for increasing strain and fatigue.

A very interesting device employed by Gonzalez's tormentors was the rigid rule that he and his cell-mates sit stiffly on their bunks holding a book, with their eyes riveted on the eye of a guard who watched them continuously through a peephole in the cell door. It is easy to conceive the eye as representing to those prisoners whose self-systems were not well developed the very personification of their superegos. Gonzalez reported: 'We saw . . . the eye of the guard, unceasingly fixed on us. Did we really see the eye? . . . It did not matter. The main thing was that we thought the eye was there and believed that we saw it.'

When El Campesino consistently refused to acquiesce in communist demands that he confess, they subjected him to various physical tortures. Commenting on his several experiences with the 'freezing bath'—jets of ice-water striking the naked victim from all directions—he said: 'How did I hold out when it would have been more normal and human to break down? I do not know. I think that the hard life I had always led made me exceptionally tough. Also, in my case the interrogators were defeated by their own tactics. By depriving me of sleep for such a long time they turned me into an unreasoning brute who acted from the obscure dictates of instinct [self-system]. But before I had reached this stage, and while I was still capable of thought, I had fixed my mind stubbornly on not signing anything. Later, when I could only act by blind instinct, that mental command had become a part of instinct itself. I was incapable of changing my mind, for it functioned no longer. . . . [The Russians] had not counted with the fact that I was not a Russian, with all that capacity for renunciation and submission, with that lack of individual

pride and self-esteem, which seem inbred in them.' From this it is apparent that Gonzalez was equipped with a sturdy ego-structure and was not easily intimidated by authoritarian superego figures.

Gonzalez points out that not all foreigners are able to hold out as well and as long as he did. His description of the giving-up process strikingly parallels the connotations of Webster's definition of *kenosis* and many descriptions of religious experiences: 'There comes a moment when the prisoner feels that he is caught like a fly in a spider's web, his vital substance being sucked away until he is nothing but an empty shell.' This, of course, is an expression in lay terms of the emptying of the self-system into the superego-system.

While holding out against the Russians led only to worse conditions and longer imprisonment, Gonzalez gave further evidence of his firm ego-development: 'My stubborn resistance did only one thing for me: it sent me to my fate with the knowledge that I had not bowed down before those unjust judges.' Note that he never regarded his inquisitors as in any real sense authorities or in any way superior to himself except in the sense that they were numerous enough, and their walls strong enough, to hold him.

On one occasion El Campesino deliberately feigned complete obedience to the Iranian communists. He spoke the party language, chanted their phrases. He did this consciously to secure some advantage and improve his chances of escape. It was almost as if he had heeded the advice of old Lao-Tze to Confucius: 'Shrewd and clever people are always near to death, for they love to criticize and pass judgement on others. Those who know a great deal about practical affairs, and do things on a large scale, endanger their persons, for by their actions and their knowledge they reveal the mistakes of mankind. He who is only the son of another has nothing for himself, for he owes all to his father; he who is only the official of another has nothing for himself, for he owes all to his superior' (4).

SUMMARY

Kenosis, theophany, *satori*, *samadhi*, certain types of delusional psychoses, the categorical positive transference in psycho-analysis, 'confession' under communist interrogation . . . all of these experiences or states of mind, and quite possibly all religious experience—all

represent a surrender of the self to a 'superior' power in the face of surroundings which are seemingly or actually hostile.

Preceding such experiences as these a psychological predisposition must have developed as a result of an originally unfavourable relationship with an authoritarian parent (generally speaking, the mother), fortified through the years by comparable experiences with other authoritarian forces. The individual, struggling to establish his own independent identity, struggling psychically to devour the breasts of his perfidious mother, finally reaches a point of emotional exhaustion. Then, 'like one that wraps the drapery of his couch about him, and lies down to pleasant dreams' (3) he ceases his resistance and falls into a swoon. With this final surrender he delivers himself, amidst flashing lights and thundering sound, to the devouring breasts of his paranoid mother [the Cosmic Mother].

In this vein, that is in the vein of surrendering to a parasitic inner power, Otto Sperling assembled a wealth of evidence for 'The Interpretation of the Trauma as a Command' (12). He pointed out that 'The onset of psychoneurosis in soldiers during training was often correctly regarded as a measure of their predisposition to psychoneurosis. . . .' Just as the 'confession' response to communist tactics is a measure of predisposition to accept a spurious superego.

Sperling reported that 'in psychoanalysis of

soldiers the traumata of war were sometimes . . . found to be unconsciously felt as commands from the enemy which something within them was ready to obey. . . . Psychoanalysis showed that American soldiers were deeply influenced by enemy propaganda. . . . The commonest unconscious fantasies of enemy commands that emerged in analysis were: the command to die, to hate one's country, to make oneself useless for the war effort, to yield to one's anxiety, to adopt the enemy and his ideologies.'

Sperling said, 'enemy propaganda, or the soldier's interpretation of what the enemy wants him to do, can become in some instances established as a kind of parasitic superego.' I believe this 'parasitic superego' is an overlay on a superego already conditioned and built into the personality through early contacts with the mother. It seems inescapable that groups of individuals predisposed to develop psychoneuroses from the traumata of war, especially enemy propaganda, would to a great extent be the same groups predisposed to react positively in response to the techniques employed by the communists to obtain false confessions. Perhaps as a note of warning, the very likely possibility should be expressed that in psychoanalysis continued reiteration of erroneous interpretations would at a time of intense emotional stress produce a theophany of a type which would be predetermined by the calculated interpretations.

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THE RITUAL ORIGIN OF SHAKESPEARE'S 'TITUS ANDRONICUS'

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The survival of ritual forms in literature and in the drama is well known to scholars. Lord Raglan has conjectured that such traditions as those of Robin Hood, the Norse Sagas, Hengist and Horsa, Cuchulainn, and the story of Troy have originated in religious ceremonies (11), and Jessie Weston has offered the hypothesis that the Holy Grail stories originated in Mithraism (16). It has been shown by Dieterich (3), Ridgeway (13), Jane Harrison (6), Gilbert Murray (10), and Cornford (2) that theatrical forms are traceable to the religious rituals of ancient Greece.

G. Wilson Knight has suggested that Shakespearean tragedy is essentially a re-working of ancient religious ceremonies connected with the sacrifice of the mass. Shakespeare's kings, he states, are to be compared with the ritual kings of pagan cultures (7). This essay seeks to show the existence of a ritual pattern in the tragedy *Titus Andronicus*.

In a recent article on the Eleusinian Mysteries¹ I discussed the psycho-analytic significance of primitive puberty rites. They represent, according to the hypothesis offered, a social institution devised, no doubt over a long period of time, by the older men. The purpose of this institution was both to rid the adolescents of their oedipal ambivalence, freeing their energies for higher cultural activities, and to provide an outlet for the hostility of the tribal fathers against their sons.

The essential feature of these rituals consists of being shown the tribal mysteries, dramatic portrayals of the killing and resurrection of the neophyte. Originally, according to Freud's hypothesis, the separation of the son from the mother was carried out by the killing, castrating, or driving out of the male offspring. Frequently, puberty rituals for girls consist of a defloration ceremony.

In the course of social development, these mysteries often survive under the direction of organizations of priests, who conduct the dramatic-magical rites of the group. The religious mysteries of ancient Greece arose from the barbaric rituals of the primitive Aegean, according to Webster (15), Andrew Lang (8), Van Gennep (14), and Jane Harrison (6); and it is well known that Greek ritual had a great influence upon the Roman drama, from which Shakespeare derived many of his plots.

The Tragedy of 'Titus Andronicus'

I propose to demonstrate here that the plot of the tragedy *Titus Andronicus* was derived by Shakespeare or one of his contemporaries² from a Roman play or myth stemming from Greek ritual origins, and ultimately from tribal puberty rites.

The persistence of this ritual pattern in an Elizabethan play is to be regarded not as accidental, but as resulting from the recurrence of the oedipal conflict in each succeeding generation, along with the necessary social defences against the non-resolution of these antisocial impulses. For this reason, the initiatory theme is continually found in folklore, games, literature, and other similar phenomena. The artist seizes upon this motif because he inwardly realizes the basic emotional significance of these themes for all members of the culture.

The play *Titus Andronicus* is unusually rich in material for psycho-analytic investigation. However, in this essay, I shall confine myself merely to the psycho-analytic study of the play's origin, and will not treat such material as the relation of this tragedy to the playwright's personality, or the effect of the play upon audiences.

The story of *Titus Andronicus* opens with an impending struggle for the kingship between

interpretations from alternative points of view, as for example those which are expressed in Bruno Bettelheim's *Symbolic Wounds* (Glencoe, Illinois: The Free Press, 1954).

² Shakespeare's authorship of the play has been contested.

¹ 'The Eleusinian Mysteries', *Journal of the Hillside Hospital*, 1, No. 4, 1952: 204-18. The psycho-analytic interpretations made in this paper are written from the standpoint of Reik's theory of the significance of puberty rites. However, this does not preclude the possibility of

Saturninus and Bassianus, the two sons of the dead emperor. The brothers agree to submit their dispute to Titus Andronicus, a popular general, now returning to Rome from a victorious war with the Goths.

Andronicus enters, wearing laurel boughs, and sorrowfully relates that, of his twenty-five sons, all but four have been killed in wars for Rome. Against the anguished entreaties of Tamora, the captured Queen of the Goths, Andronicus agrees to the sacrifice of her son, in order to propitiate the soul of his own son, recently killed in battle.

Titus Andronicus names Saturninus as emperor. Saturninus chooses Lavinia, Titus' daughter, for his wife, but she is stolen by Bassianus, who claims her as rightfully his. In attempting to thwart the abduction, Andronicus kills Mutius, his son. Saturninus marries Tamora, who seeks vengeance upon Andronicus. Demetrius and Chiron, sons of Tamora, plot to seduce Lavinia; and Aaron, Tamora's paramour, devises a scheme to aid them.

Bassianus and Lavinia discover Tamora and Aaron at a secret tryst near a pit. Demetrius and Chiron kill Bassianus, and rape Lavinia, after which they cut off her hands and her tongue, to prevent her from revealing the identity of the criminals. Meanwhile, Aaron leads two of Andronicus' sons to the pit where Bassianus' body lies. The emperor discovers them there, and believes them to have committed the murder. Aaron tells Andronicus that his two sons will not be executed if he sends his hand. Titus permits his hand to be cut off, but receives only the heads of his sons in return.

Lucius, the last surviving son of Titus Andronicus, is banished from Rome. Raising an army among the Goths, he marches on Rome; on the way, he captures Aaron with Tamora's illegitimate child.

Andronicus invites Saturninus and Tamora to a banquet. Titus has meanwhile killed Demetrius and Chiron, and has baked them into a pie, which is served and eaten by Tamora, their mother. After the killing of Lavinia, Tamora, Andronicus, and Saturninus, the only remaining son of Titus, Lucius, becomes emperor of Rome.

The following major episodes occur in the tragedy of *Titus Andronicus*: the struggle between two princes for the kingship, following

the death of the old king; a human sacrifice to propitiate the dead soul; a marriage by capture in which a son is killed; a rape near a pit in the ground; and a cannibalistic meal. Furthermore, all of Titus' sons are gradually killed, with the exception of the last, who succeeds to the kingship.

The Ritual Origin of the Play

I shall now attempt to show that this plot can be traced back to the ancient Greek myths of Pelops and the Rape of Persephone, both of which were enacted frequently in antiquity as ritual dramas.

In the story of Pelops, related by Pindar, Pelops engages in a chariot race, in order to win his bride, the daughter of the king Oinomaos. Oinomaos has already killed thirteen suitors, but he is overcome by Pelops, who carries off his daughter in a chariot.

In Francis Macdonald Cornford's interpretation (2), the myth of Pelops is composed of at least two distinct ritual features: the contest between the old and the new king, ending in the death of the older, and the succession of the younger to the kingdom; and the carrying off of the bride, with the aim of escaping the pursuing father, i.e. a flight, such as often occurs in marriage by capture.

Both of these features are present in *Titus Andronicus*.

Oinomaos, interpreted by Cornford as a magician-king controlling the rain and the weather, is analogous to the King of the Wood at Nemi, who mated with the mother goddess and defended his office against all comers, until finally defeated and superseded by a successful combatant. The first kings were simply the fathers, and the struggle for the kingship was the oedipal conflict.³

Thus, the above similarity between the myth of Pelops and the plot of *Titus Andronicus* takes us back to the primal horde. The death of most of Titus' sons, one of whom he kills himself, fits in with this material.

The parallelism between the plot of *Titus Andronicus* and the primal crime and puberty rites is increased when we consider the last part of the legend of Pelops, which contains a story of the banquet of Tantalus.

Invited by the gods to eat nectar and ambrosia at their table, Tantalus asked them in return to

³ I have discussed the ritual for the succession to the kingship in the grove of Diana at Nemi in terms of the oedipal conflict in more detail in the paper, 'Psycho-

Analysis and Legal Origins', *Int. J. Psycho-Anal.*, 34, 1953, 52-62.

a banquet. Tantalus, as the last course, served the flesh of his son Pelops, whom he had cut in pieces and boiled in a cauldron. The deities were taken unaware; and one of them, Demeter, ate of the horrible dish. Zeus then ordered that the flesh should be put back into the cauldron, and the child restored whole and healthy.

The eating of children continually recurs in connection with the succession to the kingdom in the house of Tantalus. There is reason to believe that the Feast of Tantalus was Kronian in nature, commemorating how Kronos became king. These religious ceremonies survived in the myths and dramas of the Romans, particularly in Seneca, providing a source for plots for Elizabethan playwrights. This would explain the fact that in *Titus Andronicus* the cannibalistic meal is followed by the death of Andronicus, and the accession of his son to the kingship.

Cornford interpreted the Tantalus feast as a ritual of New Birth, as the second birth of the child, following purification at puberty. Such initiation rituals formed the core of the cult of the Great Mother and her attendant Kouretes, which was widespread all along the coast of Asia Minor, and which was also established at the hill of Kronos at Olympia. Initiated men were also called the 'Bacchoi'. The cult of the Kouretes, the religion of Dionysos, and the ritual of Zagreus are substantially one. As has been stated, the mock slaying, dismemberment, and eating of the neophyte is a phenomenon frequently encountered in tribal initiation ceremonies all over the world.

Cornford concluded that the entire Pelops story stems from a ritual to determine who was to be the next year-god. The Feast of Tantalus was part of the victor's inauguration ceremony, consisting of his death and resurrection, followed by a sacred marriage, the King and Queen embodying the powers of fertility in nature.

All of these features are to be found in *Titus Andronicus*. In particular, the struggle for the kingship, the eating of Demetrius and Chiron, and the proclaiming of Lucius as emperor, closely parallel the ancient Greek ritual. Indeed, many writers have contended that the form of the tragedy itself arose from the primitive enactment, in early Greece, of the death and resurrection of Dionysos. According to Cook, 'the boiling and eating of Pelops were for centuries regarded as among the most popular of all tragic themes' (1, p. 679).

Psycho-analytically, the plot of *Titus Andronicus* may be interpreted from either of the two

following standpoints: (i) as a dramatic re-enactment of the circumstances in the primal horde, in which the father kills all of his male progeny, until vanquished by the youngest, who then comes into possession of the females and becomes leader of the horde, after murdering and eating the father; or (ii) as the survival, through the centuries, of the primitive death-and-resurrection ceremony at an initiation or inauguration. Possibly we may regard the rituals from which *Titus Andronicus* stemmed as over-determined, in which case both interpretations would be simultaneously correct. Or, following Theodor Reik's hypothesis in 'The Puberty Rites of Savages', we might regard the dramatic ceremonies at initiation rites as re-enactments of the primal crime, but with the son, in the later Dionysian rites, taking the place of the father, and atoning for the guilt of the brother-horde:

'The powerful motive which struggles for expression in the Dionysian celebrations and in the earliest Greek tragedy, namely, the rebellion, based on incestuous impulses, of the son against the father and its tragic expiation, has remained the real theme of all dramatists from the *Oedipus* of Sophocles up to the present day.' (12)

The rape of Lavinia at a pit in the woods also has its counterpart in ancient Greek ritual. The story runs that the youthful Persephone was in the meadow, when the earth gaped open, and Pluto issued forth from the abyss, and carried her off to the gloomy subterranean world. Her mother, Demeter, sorrowfully sought her in vain, and the corn would grow no more, until Zeus commanded Pluto to return Persephone.

This myth was regularly enacted in the sacred dramas at Eleusis. Most authorities regard Persephone as a personification of the corn, which spends part of the year under the ground, and the remainder of the time with the living. The fact that, in the Shakespearian tragedy, the rape of Lavinia is carried out near a pit presents a striking similarity to the ancient ritual, in which Persephone is ravished, and taken to the underworld by Pluto. According to Gastér, seasonal ceremonies form the basic nucleus of dramatic forms (4). In my paper on the Eleusinian Mysteries, I offered the hypothesis that the Persephone ritual was a survival, in ancient Greece, of primitive female puberty rites, in which defloration took place. I also sought to connect these adolescent defloration rituals with Freud's hypothesis of the primal crime and with Reik's work on puberty rites.

All of the salient features of *Titus Andronicus* are now seen to have been present in the two Greek rituals which have been mentioned. Both religious rites were popular and widespread dramas. What is particularly remarkable is the fact that the rituals of the Rape of Persephone and the death and resurrection of Dionysos comprised the sacred dramas regularly performed in the Eleusinian Mysteries.

The Eleusinian Mysteries, which exerted an enormous influence upon the development of Christianity (9), consisted of two separate rituals. The first, enacted in Agra, re-enacted the myth of Zagreus (Dionysos). The second, called the Greater Mysteries, whose basis was the story of Persephone and Demeter, was celebrated at Eleusis. Both mysteries, Lesser and Greater, constituted a single initiatory process, the Lesser Mysteries being necessary before full initiation at Eleusis. *Titus Andronicus* is thus the survival of a male and female puberty rite of primitive origins, which survived in classical Greece in the Eleusinian Mysteries.

Ovid's 'Metamorphoses'

According to the hypothesis offered here, Shakespeare or one of his contemporaries drew the plot of *Titus Andronicus* either from a classical writer or from an Italian play. It is quite possible that Ovid may have been this source, since the *Metamorphoses* is mentioned in Act IV, Scene i of the tragedy. Indeed, Book IV of Ovid's *Metamorphoses* contains a good deal of material on the basis of which an Elizabethan could have constructed the plot of *Titus Andronicus*. In one of the recounted stories, King Tereus raped his wife's sister, Philomela, and tore out her tongue to prevent her from revealing his identity. Philomela, kept hidden by Tereus, managed to send a message to her sister, Procne, who searched for her. As revenge upon the king, Procne cut the throat of Tereus' son:

'... and they cut up the body still warm and quivering with life. Pars bubbles in brazen kettles, part

splutters on spits; while, the whole room drips with gore.'

Procne then served this meal to her husband, who unknowingly ate it. Here, then, we have the two main episodes of *Titus Andronicus*—the rape and cutting out of the ravished girl's tongue, and the serving to the king of his sons in a banquet. Other stories in Book VI of the *Metamorphoses* bear similarities to other incidents in the Shakespearian play.

If *Titus Andronicus* was based on Ovid, may we still presume a ritual origin for its plot? The answer is affirmative. The above tale from Ovid obviously bears a strong resemblance to the Greek rituals we have spoken of. Cook said that it is very probable that Ovid drew upon earlier sources for many of the stories in his *Metamorphoses* (2, p. 675). Halliday definitely regards the Philomela story as a re-working of early Greek cannibalistic ritual (5).

If Ovid derived the story of Tereus and Philomela from the Rape of Persephone and the dismemberment of Zagreus, we might expect to find traces of this ritual origin in his writings. The fact is that Ovid himself placed the scene of the Tereus and Philomela tale at the time of the Bacchic rites. When Procne, like Demeter, went in search of the ravished and hidden virgin, she was clad in the ritual attire of the Dionysian revels. Her quest took place, wrote Ovid:

'... when the Thracian matrons were wont to celebrate the triennial festival of Bacchus. Night was in their secret; by night Mount Rhodope would resound with the shrill clash of brazen cymbals; so by night the queen went forth from her house, and joined in the orgies of the god, arrayed for the mad revels.'

Since the ravishment and mutilation of the virgin, as well as the cannibalistic banquet, occur in Ovid at the time of the Dionysian rites, it is likely that these ancient mysteries were the ultimate source for the stories in Book VI of the *Metamorphoses*, from which Shakespeare may have obtained the plot of his tragedy.

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OBITUARY

SIEGFRIED BERNFELD

1892-1953

At the turn of this century a growing group of educational reformers with strong liberal leanings made themselves felt in Central Europe. They dimly sensed the approaching disaster and tried to ward it off by more enlightened education, more social justice, and better psychological insight into the needs of the coming generations. In this movement Gustav Wynecken was an outstanding figure. Impressed and stimulated by the English Public School system, he founded the Landerziehungsheim Wickersdorf, where he tried to uproot the usual authoritarian school system and give life and reality to the cultural and democratic ideals of the progressive intellectuals in Imperial Germany. Co-education and the sharing of administrative responsibilities between teachers and pupils were among the novel features of Wickersdorf.

In his foreword to *Kinderheim Baumgarten* Bernfeld names Maria Montessori, Berthold Otto and Gustav Wynecken as the educators whose ideas he tried to synthesize in his own experiment with new forms of education. More will be said about Kinderheim Baumgarten in its proper chronological place, since the experience which Bernfeld gained in connexion with this experiment marks a turning-point in his emotional and intellectual development.

Bernfeld was a prolific writer, and his first paper was written when he was eighteen, an undergraduate at the University of Vienna. Biology and psychology attracted him from the start. A review of William Stern's *Psychological Methods of Intelligence Tests and their Application to School Children* was his first publication. In the following year came his first paper in the 'Zeitschrift' (*Internationale Zeitschrift für Psychoanalyse*) on 'Unconscious Determination of the Thinking Process. A Self-Observation'. 'Psycho-analysis and Psychology' followed next year in the same journal, to mention only the psycho-analytically oriented papers of the years preceding World War I.

The bibliography of Bernfeld's writings at

the end of this obituary notice enables us to trace the different steps of his intellectual development; more than this, they tell us also of his reactions to the outbreak of the 1914 war and the emotional hardships of the years that followed. Resigned to the fact that the time was uncongenial to educational reforms, he turned to specific war problems and tried to contribute something to their solution.

Bernfeld did not admit to any tie with his native Lvov, which he had left as an infant, but the plight of the orphaned waifs and strays of Galicia stimulated him to new activity and made him more clearly aware of his Jewishness. Between 1916 and 1921 his whole energy and capacity for organization was bestowed upon the Jewish cause. 'The Jewish Youth Movement', *The Jewish People and its Youth*, 'The Organization of a League of Jewish Youth', these are a few illustrative titles of publications from that period, during which he founded in Vienna the 'Jewish Paedagogium' and an 'Advisory Office for Vocational Training'. These received enthusiastic though short-lived support from the young.

Slowly a plan for the resettlement and re-education of uprooted and orphaned Jewish youth took shape in Bernfeld's mind. Racial considerations were alien to him. This stressing of the Jewish cause was motivated by the knowledge that it is easier to get support and find friends for a restricted aim within the frame of one specific community, and in the first place by the growing German nationalism and the influence of Hans Blüher. Blüher, who posed as a disciple of Friedrich Nietzsche and a self-styled leader of youth, developed his own idea of the 'Herrenmensch' with growing stress on anti-semitism, thus paving the way for the National Socialist movement which existed at that time only in embryo.

Kinderheim Baumgarten came into being in 1919. It had at its disposal five disused military barracks, and was intended to grow and become the nucleus and model for further establish-

ments. Co-education paired with administrative responsibilities and a more enlightened approach to sex problems based on Freud's writings, all were to find realization in it. A fascinating book written in 1920 gives an account of Bernfeld's endeavour and his hard work in union with his self-sacrificing helpers. The losing battle with otherwise progressively orientated Zionists and a rather narrow-minded charity organization occupied but a few months. Their only lasting result is set forth in a book in German with the title *Kinderheim Baumgarten, a Report on a Serious Attempt at New Education*.

Bernfeld's interest in all problems of childhood and adolescence never flagged, and no setback could stem the flow of publications on such topics. The serial *Source Studies in Psychological Developments*, which the Internationaler Psychoanalytischer Verlag at that time published, included two volumes by Bernfeld; one entitled *On the Community Life of Adolescents*, and a second which followed shortly afterwards, *On the Poetic Creations of Adolescents*.

Two papers are of special interest, because they are in some degree autobiographical. The first, entitled 'On Sublimation', can be read as a preliminary note to the second and more extensive, entitled 'On a Typical Form of Male Puberty'.

In this paper Bernfeld advocates the distinguishing of three forms of adolescence: one, puberty, coincides more or less fully with physiological maturation, and both come to an end at the same time. A second, characteristic of our culture, exhibits an extension of adolescence, accompanied by the typical conscious and unconscious conflicts of that period and attempts at their solution. Regressions from adult maturity to adolescence sometimes occur, finally giving way to a new push towards maturity. The third form Bernfeld called 'stretched-out adolescence', and with this his investigation was mainly concerned.

A special warmth and fluency of style singles out these descriptions of the 'stretched-out adolescence' and gives the impression that this part of the investigation had a special meaning and importance for the investigator. In addition Bernfeld also calls this form of adolescence 'genialische Pubertät', a characterization which does not lend itself easily to translation. What he means is that these 'outstretched adolescents' display characteristics which are usually ascribed to what is called 'genius'. He in no way assumes that this

form of adolescence is even a promise of later achievements, and the term genius is itself vague. But such adolescents distinguish themselves by a tendency to productivity, artistic, literary, or scientific, and by a strong bent towards idealistic aims and spiritual values with no predominant interest in sex, professional or financial achievements. A high degree of self-esteem goes together with the adoration of a 'master' or 'idol' and a concurrent disparagement of other aims. Bernfeld assumes that three interrelated factors in development are mainly responsible for this form of adolescence: a narcissistic trauma through failure which persists during the latency period, and the too early formation of an ego-ideal. He assumes that the onset of such an ego-ideal is most probable in latency and not later than pre-puberty.

With the end of Bernfeld's *Kinderheim* came also the end of his activity as a practising pedagogical reformer, and of all his hopes of influencing contemporary education. Beginning work as a practising analyst, he became a most active teacher of psycho-analysis and an indefatigable lecturer on its behalf. After 1924 the newly-founded Training Institute of the Vienna Psycho-Analytical Society opened up to him a new field of activity.

In 1925, five years after Bernfeld's part in *Kinderheim Baumgarten* had ended, the lesson of this experiment had sunk in and the experiences gained bore an unexpected fruit. Another book from his untiring pen appeared under the title *Sisyphos, or the Limits of Education*.

The wit and wisdom of resignation and afterthought give this book a specific charm. The youthful dreams of reform on a grand scale have faded away, but the burning concern for all problems of education remains. It is regrettable that neither *Kinderheim Baumgarten* nor *Sisyphos* is available in English. These two books not only show Bernfeld with his wide sweep of youthful enthusiasm at its best; they are an interesting contribution to European social and educational history.

The Psychology of the Infant, Bernfeld's best-known and most extensive book, appeared in German at the same time (English edition: New York, Bientano, 1929).

The next three years were a period of still greater activity for Bernfeld as a writer. He elaborated and enlarged his former publications, among them *The Contemporary Psychology of Adolescence* and a booklet with the title *To-day's*

Psychology of Adolescence, a Critique of its Scientific Methods. To the newly-founded *Zeitschrift für psychoanalytische Pädagogik* he was a constant contributor.

In collaboration with Sergei Feitelberg, Bernfeld began research in the physiological field of instinct theory. 'The Principle of Le Chatelier and the Instinct of Self-Preservation' was his first paper to deal with this new line of thought; 'The Principle of Entropy and the Death Instinct' also belongs to this group of investigations. His studies in the field of psycho-physiology, hitherto quite untouched by psycho-analysts, are collected in another book entitled *Energy and Instinctual Drive: Psycho-analytical Studies towards a Psycho-Physiology*. 'Instinct and Tradition in Adolescence', 'Psychological Studies on Culture from Diaries', 'The Concept of "Interpretation" in Psycho-Analysis' and 'Gestalttheorie' are other publications of the same period, testimonies of his searching into 'academic psychology' far in advance to the general trend in psycho-analysis. Only one of these papers is available in English. The reader will forgive our enumerating them, for we do so only to illustrate Bernfeld's wide range of interest and his fecundity as a writer.

His later papers need no enumeration; all are available in English, with one exception all in American journals. Outstanding among them are his preliminary studies for a Freud biography. Ernest Jones, in his momentous *The Life and Work of Sigmund Freud*, has voiced his indebtedness to Bernfeld, and all who write about Bernfeld, as well as the whole community of psycho-analysts, must share this gratitude. He had come a long and sometimes painful way before he reached such a goal. Suzanne Bernfeld, in whom he had found at last the ideal companion and co-worker, cannot be forgotten in this context. These six papers, two of which are written in collaboration with Suzanne C. Bernfeld, are not mere contributions to a biography; they are something of a biography *en miniature*. All the loving care for the minutest detail combined with refined psychological sagacity and knowledge of the cultural background make them rare and delightful.

Unfortunately, illness and early death put an end to it all.

An intimate knowledge of Europe immediately before the First World War, and of the period that intervened before the outbreak of the

second, make it easier to understand Bernfeld's development. The intellectual forces of progress and construction in Austria and Germany were all paralysed during that period. At its beginning the Weimar Republic had kindled the aspirations of the high-minded to a new life. That life was a short one, and the inglorious end of the Weimar Republic is now a matter of history. Bernfeld was a man slow to mature; he clung unusually long to those ideals and felt keenly their descent into oblivion. The intellectual and emotional climate most congenial to him existed no longer. His enforced resignation from Kinderheim Baumgarten had been the first blow; the second, illustrated by the fate of the Weimar Republic, was final. Faithful to himself, he never ceased to advocate the cause of a socially juster and psychologically more adequate education for the masses. Politics in the narrower sense had never any appeal for him, but he felt deeply the duty of the enlightened towards the unenlightened. His kind-heartedness and his sense of reality prevented him from becoming bitter, but he had no illusion about his crying in the wilderness. He recognized that the existent political scene made the realization of his educational ideas most unlikely. Bernfeld was both too late and too early in his pedagogical endeavours. For reforms of any kind the Europe of that period was only a burial-ground.

Bernfeld's sustained interest in pedagogy was but one source of his rich and varied output; how did it come about that he remained a lonely figure not only as a pedagogue but to a lesser degree even in the psycho-analytic movement?

The Saturday evening discussions between Anna Freud, August Aichhorn, Siegfried Bernfeld, and Willi Hoffer left no traceable mark on Bernfeld's contribution to psycho-analysis. To share the thoughts of others, to re-think and enlarge on the ideas of other people, were not among his gifts. He needed an audience of his own which he could stimulate and to whom he could leave the elaboration of his own ideas. His creative bent was self-centred, a characteristic more common in artists, who are prepared to wait, and can wait, because their work is timeless. But the work of a scientist, carried on in a closely-knit scientific community, where he is one among many, must fit into current trends or it will be ignored. One of Bernfeld's most outstanding characteristics was his versatility; and this, which in other conditions could have been an asset, likewise worked against him.

A single paper on a specific subject, not at the moment in the centre of the common trend, may very easily fail to draw attention to its author. All Bernfeld's papers show his adherence to Freud's teachings, and apart from that guiding principle he wrote many single papers on many topics. The language barrier contributed to the lack of response. His contributions to Freud's biography, written in the comparative peace and security of America, found the echo they deserved.

Bernfeld's last unpublished paper, compiled with the help of one who had heard it read, since no notes existed, shows him in his old Utopian vein. It is a plan for an ideal Training Institute for a coming generation of psycho-analysts. The world as it is and human beings as they are could never satisfy Siegfried Bernfeld.

An idealist and a European, he could never adjust himself fully to the times in which he lived. He remained strikingly young in a period when aloofness, a readiness to adjust, and a certain resigned optimism, all characteristic of ageing, are of the greatest benefit. Neither Austria nor Germany was in Bernfeld's time

the 'Land der Dichter und Denker', and there no longer existed an undergraduate population such as there had been in 1848, at the time of the short-lived Frankfurt Parliament. The best part of Bernfeld's life was spent among people whose energies were constrained by the mere struggle for survival. Bernfeld wandered from Vienna to Berlin, then back to Vienna, which in turn became intolerable, and from there to the South of France before he reached the United States, too late to start life afresh.

There is an apparent incongruity between Bernfeld's independence as a writer and his obvious dependence on the cultural and political atmosphere in which he was forced to live. This incongruity may be understood as the valiant struggle of a highly sensitive and gifted personality against innumerable odds. Bernfeld was not crushed, but a complete victory over those obstacles was denied him. Psycho-analytic insight had enabled him to avoid the fate of the many gifted unknown who were destroyed with the destruction of the culture they had adorned.

Hedwig Hoffer.

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¹ Compiled by Peter Paret, San Francisco.

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DR. GEORGES PARCHEMINEY, PARIS

The death of Dr. Georges Parcheminey in September 1953 is a great loss to the Société Psychanalytique de Paris.

Not long before his death Dr. Georges Parcheminey had been elected President of the French Psycho-Analytical Society for a second term of office when that Society was dealing with grave internal difficulties. Born in Haute-Saône, he had come to Paris to study medicine and subsequently had become a teacher in the pre-clinical subjects. His intellectual curiosity made him turn towards psychoanalysis some thirty years ago and he founded with some young psychiatrists a Society for Psychiatric Evolution which later became the French Psycho-Analytical Society. He devoted himself to the study of Freud's work and his familiarity with German made it easy for him to acquire an intimate knowledge of our litera-

ture. He accepted and practised Freud's technique with the same care that had already characterized his work as a pathologist and medical practitioner. His judgement, tact, and diplomatic skill helped greatly in re-establishing harmony and tolerance within French psychoanalysis. No sacrifice or personal suffering was too great for him, and he thoroughly disliked conflicts rooted in the craving for power. The same ideal of self-control and sensitiveness made itself felt in his personal conduct with patients, colleagues, friends, and last, but not least, in his piano playing.

His psycho-analytic publications are numerous and cover many aspects, predominantly those of hysteria and conversion symptoms.

(From the Obituary by Michel Cenac, *Revue Française de Psychanalyse*, tome 17, October-November, No. 4, 1953.)

LUDWIG JEKELS 1867-1954

Dr. Ludwig Jekels died in New York City on Saturday, April 3, at the age of 87, while reading a literary journal. An hour earlier, Mrs. Jekels saw him in his favourite position on the couch, one arm resting on the pillow, looking through the journal; an hour later, the fact that he had not changed his posture aroused suspicion in Mrs. Jekels; she looked more closely and found him dead. The facial expression was calm; death must have been instantaneous, without suffering.

One of the oldest pupils of Freud, Jekels was for nearly fifty years engaged in psycho-analytic practice and in never-ending study of theoretical problems of our science. He became in later years something of a symbol and a mythological figure to the younger and middle-aged generation of analysts. He was conscious of this fact, and sometimes complained ironically, 'I don't belong to this age'.

Jekels was one of those rare personalities about whom those who knew him well received

the same impression first as last: a gentleman of the old school, for whom the terms dignity and honour had meaning.

His thirst for knowledge, his search for truth, were insatiable. At his suggestion, I visited him every few weeks during his last few years; we used to spend the evening in discussing theoretical problems. His mental agility and freshness were surprising; as he had done twenty years earlier, when we collaborated on 'Transference and Love' and 'Instinct Dualism in Dreams', he would still try to jump up from his chair to look up a passage in Freud, Jones, or Abraham. He still insisted on 'thinking a problem through' ('durchdenken'), a process which amounted to a form of mental self-torture by bringing up as *advocatus diaboli* the most remote and imaginary objections of imaginary adversaries. His mind was open to newer suggestions, e.g. the importance of psychic masochism, based on oral regression, as 'basic neurosis'. He found many arguments for it, and few against. The brilliancy of his wit is best demonstrated by the answer he gave when I asked why whole generations of analysts overlooked this basic point: 'The fourth narcissistic hurt', said he, in allusion to Freud's famous 'three hurts'.

Jekels the man had but few illusions about people. With part contempt, part pity, he saw through poor defences and schemes. When his indignation subsided, he was in the habit of saying, 'Perhaps one should not expect too much of people'.

Jekels the scientist was honesty personified, and therefore was slow in presenting opinions: his endless 'thinking through' resulted in the

postponement of papers worked out with almost obsessional care. His main works have recently been collected in his *Selected Papers*. The book contains but nine studies; yet all these are of basic importance. His main interest was concentrated on the problem of unconscious guilt. Most of these studies—both clinical and applied—analytic—deal with this topic, and are unsurpassed. He refused to be drawn into factional divergencies; when Freud offered him the acting vice-presidency of the Vienna Psycho-Analytical Society, he asked to be excused, saying modestly, 'I'm not fit for the job'. Reticent and shy—to a fault, as some believed—he preferred to have as little as possible to do with organizational problems, while not denying their necessity.

Jekels was never what is popularly called a 'happy man'. All the time I knew him, for nearly thirty years, there was always a shadow of resignation and depression around him. In work both these lifted. A few days before his death, when I saw him for the last time, he showed me, full of justified pride, a work by a young composer, dedicated to Jekels: the patient had come into treatment because of composer's block, now analytically removed: 'I am glad that I could help him'. Pleasure in self-chosen work at the age of 87—how many people can achieve that, and leave behind them a body of scientific work which will survive many a fashion?

The death of Ludwig Jekels has taken from us a truly great scientist and a truly great man.

Edmund Bergler.

BIBLIOGRAPHY OF PSYCHO-ANALYTIC PAPERS OF LUDWIG JEKELS¹

A. PAPERS

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¹ Compiled by Godfrey W. Cobliner and Margaret R. Krafft (New York City).

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MARGARETE STEINBACH, MADRID

An unexpected loss was suffered by the German Psycho-Analytical Association through the sudden death in Madrid of Mrs. Margarete Steinbach on 9 April, 1954. When the Association began to function again in 1950, Mrs. Steinbach was one of the six analysts who re-established it under the direction of Dr. Carl Müller-Braunschweig.

Margarete Steinbach was born on 12 July, 1894. She passed her teacher's examination in 1914, and from 1921 to 1926 she was working at the German School in Madrid. She returned to Germany in 1926 and studied academic psychology at Berlin University under Köhler and Lewin. At the same time she began her training at the Berlin Psycho-Analytical Institute, and was analysed by Dr. Bally. In 1939 she became a member of the German Psycho-Analytical Association, which was then known as a study group of the German Institute for Psychological Research and Therapy. At the end of the 1939 war, she worked exclusively as a member of the German Psycho-Analytical Association within the framework of the Training Council of the Berlin Psychotherapists. She also lectured at the Institute for Psycho-

therapy, and taught at several schools, including the Teachers' Training College in Berlin. In March 1951 she was invited to undertake the training of psycho-analysts in Spain. In the short space of three years she was not only training analyst of nine doctors (mostly psychiatrists), two psychologists and one headmistress, but also undertook the control of cases and taught the theory of psycho-analysis. In addition she carried out a number of therapeutic analyses.

Margarete Steinbach had a thorough knowledge and understanding of the theoretical and practical aspects of psycho-analysis; she had a lively intelligence and tremendous drive which was of much help to her in her work of establishing the 'Asociacion Psicoanalitica Española'. News of the recognition of this association by the Spanish Government reached her a few hours before her death.

We shall always remember her as a friend and fellow-fighter in the cause of psycho-analysis, but she will be especially remembered for her work in laying the foundation for psycho-analysis in Spain.

Carl Müller-Braunschweig.

DR. DOUGLAS NOEL HARDCASTLE
1892-1954

Dr. Noel Hardcastle, who was a member of the British Psycho-Analytical Society and Physician to the London Clinic of Psycho-Analysis, died after a short illness on 17 May, 1954, at Bishop's Stortford, where he had established himself in psycho-analytic and psychiatric practice.

Dr. Hardcastle's record of neurologic and psychiatric appointments suggests that his psychopathological experience must already have been of high standard in the late twenties. It was then that he decided to study the Child Guidance Services in the United States; spending in all three years there. Back in England, with a first-hand account of this growing branch of psychiatric practice and research, he founded and directed the Fulham Child Guidance Clinic, and, as a keen thinker and observer, found there a fertile field for his gift of searching into the conflicts of childhood and adolescence. But he also felt that he had to look for what

was not on the surface and could not be discerned without employing the method of psycho-analysis. Uncompromising as he was, he underwent a thorough personal analysis and training at the London Institute of Psycho-Analysis. In spite of his age he insisted on seeing it through, and qualified just before World War II. As he had done in the First World War, he joined the Royal Army Medical Corps, serving as a psychiatric specialist. By his rather sudden death a long search and struggle for accomplishment has come to an end.

His devotion to the science of psycho-analysis was honest and deep; receptive and imaginative, he constantly found stimulation in our literature, in his patients, and in the meetings of the British Psycho-Analytical Society. He married Miss Kitty Duguid, who survives him with three children.

W. Hoffer.

ANNOUNCEMENT

19th INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

GENEVA, SWITZERLAND, JULY 24-28, 1955

Provisional Scientific Programme

MONDAY, JULY 25th:

Morning	9-30 a.m.	Opening Remarks by the President, Dr. Heinz Hartmann.
	9-50 a.m.—12-30 p.m.	Four papers to the entire meeting.
Afternoon	2-30 p.m.—5-30 p.m.	Two sections of five papers each. Discussion from the floor.

TUESDAY, JULY 26th:

Morning	9-00 a.m.—1-00 p.m.	Discussion on Problem of Transferences: Summary of Current Views. Four prepared discussions. Discussion from the floor.
Afternoon	3-00 p.m.—5-30 p.m.	Two or more sections of four papers each. Discussion from the floor.

WEDNESDAY, JULY 27th:

Morning	9-00 a.m.—1-00 p.m.	Panel on Perversions: General Theory of Perversions. Several papers dealing with special aspects of perversion. Discussion from the floor.
Afternoon	3-00 p.m.—6-00 p.m.	Four papers to the whole session.

ABSTRACTS

THE PSYCHOANALYTIC STUDY OF THE CHILD (*Ann Annual*)

8, 1953

Anna Freud, LL.D. 'Some Remarks on Infant Observation', pp. 9-19.

This account of the observations it is possible to make on an infant in the first year of its life and the significance to be attached to them was delivered as an address to the first-year medical students in Cleveland, Ohio, the first group to receive their training under the new medical curriculum instituted at Western Reserve University in 1952. These students were to begin their medical education not in the dissecting room but in the antenatal clinic, initiating a contact with the expectant mother, which it was planned they should carry through the various stages of pregnancy, confinement, and postnatal care, and which should continue for the term of their medical studies.

In the simple and sensitive description of observable phenomena the analyst will readily recognize that the students are being introduced to the earliest manifestations of the operation of instinctual forces, to processes leading from part to whole object relationship, and to the differentiation of the body self. The account covers the functioning of the primitive pleasure ego and the earliest developments of reality testing. Needless to say, the complete absence of analytic terminology proves entirely compatible with the presentation of an exact description of early developmental processes.

Rose Coleman, M.D., Ernst Kris, Ph.D., and Sally Provence, M.D. 'The Study of Variations of Parental Attitudes. A Preliminary Report', pp. 20-47.

This report from the Child Study Centre of the Yale University School of Medicine is based on the work of a research service which offers healthy and sick baby care to mothers chosen in the early months of pregnancy to participate in the project. The service covers all the vicissitudes of antenatal and postnatal care as well as the provision of nursery education. The present stage of the investigation focuses on the changes which can take place in a mother's attitude to a single child at different stages of its growth. The investigators found they were able to predict certain of these changes in advance, and are now aiming to assess the range of predictability which this type of study may make possible.

Four cases are presented in detail. In two of them

marked improvement in maternal attitude was apparent and in two deterioration set in, changes in all cases being coincident with the child's initial strivings for independence. In both sets of cases, the mothers identified with their children on the basis of archaic id aspects of their personalities. The authors draw attention to the fact that when identification has become autonomous, and its energies neutralized within the ego, it opens the way for understanding of the object, and becomes a part of object relationship. Much of the ability of the mother to handle the small child and much of the difficulty in adjusting to its growth depends on her own capacity to make the shift from one type of identification to the other.

Margaret Fries, M.D., and Paul J. Woolf, M.S. 'Some Hypotheses on the Role of the Congenital Activity Type in Personality Development', pp. 48-62.

The Congenital Activity Type, a descriptive term referring to the amount of activity a new-born infant shows in response to certain stimuli, is a concept covering neuromuscular excitability due in part to inherited, intra-uterine, and birth factors, and in part to temporary body changes and emotional states as well as to emotional attitudes of the parents. Grouping is into five types, ranging from pathological extremes of hyper- and hypo-activity through active, and moderately active, to quiet types. The impact of environmental experiences occurring before the differentiation of the ego from the id gains importance because the effect is as lifelong as though they were constitutional factors. The Congenital Activity Type therefore ranks in the authors' view as one of the primal ego variations to which Freud referred in 'Analysis Terminable and Interminable.'

On the basis of extensive observation of cases in analytic treatment and direct observation of some two hundred newborn babies, the authors have explored the role of the Congenital Activity Type in determining the set of the parent-child relationship; as a factor in psychosexual development, e.g. in the choice of areas of libidinalization; in its influence on the child's ways of testing reality and his form of mastery over his environment; in the choice of defence mechanisms; and finally in the choice of symptom and the predisposition to pathology. While every condition is overdetermined, the conclusion is reached that the Congenital Activity Type is one of the many aetiological factors in personality development.

Berta Bornstein. 'Masturbation in the Latency Period', pp. 65-78.

This paper is primarily concerned with masturbation in the latency period, its varieties, and their consequences. A survey of the changing dynamics of the activity from the first to the fifth year is made in preparation for a further differentiation within the latency period itself. Early latency is marked by manifest behaviour difficulties and the formation of new neurotic symptoms. Psychic maturation aids the child in the second latency period. The formation of a less rigid superego, increased real gratification in the outer world, and successful sublimation of pregenital impulses are the main determinants for progressive instead of regressive development towards puberty and adolescence.

In the neurotic child the blocking of sexual satisfaction results in traumatic anxiety and breakthroughs with paralysing guilt. Cases are quoted where the fear of climax or orgasmic sensation led to a compulsive interruption of all pleasurable activity, thought, or speech, before its consummation. Illustrations are offered of the fight against compulsive masturbation and masturbatory equivalents with resulting insomnia, and the question of the isolation of phantasy from the masturbatory act is discussed. So long as the phantasy is attached to the act, it does not interfere with the child's behaviour and adjustment to reality. Where it has no bodily outlet, libidinal and aggressive energy left undischarged may permeate the ego activities. Compulsive talking and excited or quarrelsome behaviour may be the only visible substitute for the relinquished sexual activity.

Clinical difficulties in the elucidation of this highly defended material are discussed throughout the paper, and some helpful comments on up-bringing are appended.

Phyllis Greenacre, M.D. 'Certain Relationships between Fetishism and Faulty Development of the Body Image', pp. 79-98.

Fetishism is the result of a rather definite combination of genetic influences in disturbances of pregenitality. These consist of (i) disturbances in the early months of life, producing instability in the formation of the body image. (These include early physical disturbances causing marked sudden fluctuations in body image or subjective feelings of this nature; disturbances of mother-child relationship, which affect the sense of the infant's own body and leave an imprint on the early emerging ego; and finally the effect of early primary identification.) (ii) Complementary disturbances of the phallic phase which produce an exaggeration of the castration complex. The genital area of the body image is in any circumstances less certain in the early months of life than other parts of the body except the face. Under normal developmental conditions, the genital area of the body image becomes consolidated during the phallic phase,

owing to the increase of the spontaneous endogenous sensations then arising. Under the disturbed conditions of pregenitality described, the overlying strong castration anxiety is combined with body-disintegration anxiety from the early phase and depletes rather than reinforces the genital outlines of the body. These conditions also contribute to increased bisexuality and to a corresponding split in the ego.

Owing to the marked pathology of the first months, there is a persistence of the unusually strong primary identification (which in many cases has played a part also in confusing the genital part of the body image). This persistent tendency to primary identification, especially through vision, again influences the attempts at intercourse. Then the sight of the penislessness of the partner brings into focus the underlying feminine identification and makes genital performance impossible unless special support is offered.

The support is attained through the use of the fetish. It offsets the effect of the identification with the partner, and pegs the genital functioning by furnishing this external and material symbol of the phallus to be reintegrated and to reaffirm the genital integrity of the fetishist.

Sylvan Keiser, M.D. 'A Manifest Oedipus Complex in an Adolescent Girl', pp. 99-107.

An adolescent girl with ordinary neurotic inhibitions quickly developed an intensely sexualized transference. The feeble repression of incestuous strivings was not symptomatic of a psychotic process. It was possible to recognize the sources leading to the failure of the superego's repressive function. The defective organization of the superego had its genesis in the special conditions surrounding the two parents. The father disappeared during the phallic period, but he frequently promised to visit the patient. His failure to carry out his promises reactivated the original disappointment over his disappearance and repeatedly evoked the false hope that he would return. This pattern kept alive the original sexualized oedipal relationship, which could be neither fulfilled nor resolved because of the physical separation. Furthermore she was burdened by the conscious knowledge that her birth had been intended to save the parents' marriage. Her failure to achieve this intensified her feelings of inadequacy and guilt.

The mother actually encouraged the girl to remain fixated on the oedipal level, while simultaneously seducing the girl and flaunting her own sexual superiority.

Christine Olden. 'On Adult Empathy with Children', pp. 111-126.

Empathy is a process oscillating between feeling as the object feels and recapturing the standpoint of one's own ego as observer and judge. Empathy with the infant and the child in the latency period

calls for a capacity to regress with the child's ego to manifestations of the primary process or the first stages of sublimation. It is a process which is independent of intellectual understanding and of liking or not liking. It has the capacity to pass through the object's defences to the real state of emotional affairs. It is to be distinguished, however, from various forms of regressive interplay with children originating in a narcissistic disturbance in the adult. Examples from the author's work with parents and teachers illustrate the confusion to which some pseudo- or partial-empathy subjects children when it is used for adult instinct-gratification or as a defence against adult anxieties, immediate or archaic. Equally the child's proclivity for living partly in the primary process may be felt as a threat to the mature psychic acquisitions of some adults. The adult's ability to feel with the child corresponds to the degree to which he has assimilated and been reconciled with his own childhood experiences and his own relation with his parents.

Victor Rosen, M.D. 'On Mathematical "Illumination" and the Mathematical Thought Process. A Contribution to the Genetic Development and Metapsychology of Abstract Thinking', pp. 127-154.

A child's ability to operate reliably with numerical concepts appears in connection with certain stages in the maturation of the perceptual apparatus during the oedipal period. The ability to exclude purely sensory aspects of data in favour of their quantitative value seems decisive. The process is therefore one of selective counter-cathexis. Observations of hypersensitive infants with a low threshold of the stimulus barrier suggest that the need to erect secondary protective barriers against excessive external stimulation may result in the precocious maturation of some ego functions. It is suggested that these secondary barriers are precursors of the process of selective counter-cathexis and by their means an ego-process may become available precociously for the development of quantitative conceptualization. In those with a special mathematical gift, it is probable that this maturational sequence takes place at an earlier period of ego development, so that along with the precocious concepts of number there remain archaic defence mechanisms which are later utilized in the creative aspects of the process.

In the case reported, a young mathematician experienced spontaneous mathematical insight while undergoing analysis, in connection with repressed feelings of disappointment and rage around objects with which he had previously had positive libidinal ties. The patient dealt with the disturbing, real situation by negation. The creative act, involving momentary 'controlled regression' (Kris, 1950) to the preconscious level, dealt with the repressed archaic conflict by a continuous substitution of symbols for images. By confronting himself at this

juncture with a world which was internally consistent within the framework of pure mathematics, the patient was enabled to avoid facing what was inner and what was outer reality. The conflict was resolved in a satisfying aesthetic experience. In this way the mathematician avoids the ambivalent conflict inherent in all other sciences which deal with external objects. The material indicates the substitution of mathematical thinking for aggressive feelings. The author concludes: 'The sublimatory fixing of the whole process is ensured by the high degree of "neutralization" of both libidinal and aggressive drives. Thus the creative act in mathematics ("illumination") has its counterpart in the arts while the secondary elaborative process is continuous with those of the sciences.'

Samuel Ritvo, M.D., and Sally Provence, M.D. 'Form Perception and Imitation in Some Autistic Children: Diagnostic Findings and their Contextual Interpretation', pp. 155-161.

Six children were studied, ranging in age from 22 to 39 months. All belonged to the autistic or symbiotic types of deviant (Mahler), and showed gross disturbance in human contact and absence or near-absence of speech, with general features which had led to a diagnosis of mental defect. Two features of their test performance are used as corroborative evidence for Mahler's formulations and for advancing suggestions for early diagnostic criteria of the symbiotic type.

All children of both types achieved age-adequate or superior performance on form board items. All moreover showed poor imitation of the examiner in tests where the imitation of drawings, vocal sounds, and movements was a feature. The poor imitation of these children is said to reflect the tenuous nature of their object relations, and the insufficient differentiation of the self from the not-self. In imitation the transformation of the self is carried out according to an image of the object and appears to be a part process of identification. Mahler stresses that these children have difficulty in cathecting the periphery of the organism with consequent defect in the body image and difficulty in establishing ego boundaries. The high performance on the form board presupposes a strong interest in and ability to perceive boundaries of shapes experienced through the hands, an aptitude which, it is suggested, stems from the forcing value of anxiety in their special area of conflict.

Early diagnosis of the symbiotic child might find some help in the study of nascent identificatory processes as manifested in the earliest imitative elements. It would seem likely that symbiotic cases would show disturbances in this area.

Martha Wolfenstein, Ph.D. 'Children's Understanding of Jokes', pp. 162-173.

Some elements in a child's ability to understand and participate in the convention of a punning joke

are studied in a group of fifty-five children aged from six to seventeen. While comprehension of the joking situation has a definite relation to age, intelligence, and freedom of the learning process, the acquisition seems a particularly unstable one. It varies in a single child with his ability to withstand strong feelings aroused by the latent meaning of sometimes purely incidental elements in the joke. For example a joke about morons upset the child's ability to respond by punning, or even to understand what was demanded of him, because of castration anxiety. Some children become expert in the use of jokes to control the environment and deal with the problem of hostility. Others find it intolerable for the adult to abandon his role as supporter of the reality principle by propounding jokes.

Heinz Hartmann, M.D. 'Contributions to the Metapsychology of Schizophrenia', pp. 177-198.

This paper, read at the 18th International Psycho-Analytical Congress in London, applies the author's earlier formulations concerning the genetic and economic factors of ego organization to some aspects of the schizophrenic process. Some aspects of schizophrenia may be accounted for in terms of the impairment not so much of the ego as of specific ego functions. Emphasis is laid on the fact that this effort to integrate certain well-known data about schizophrenic defence, object relations, language, and reality testing is made on the understanding that one aspect can be fully meaningful only in interrelationship with others already studied. Metapsychological hypotheses are used to bridge the gap between the instinctual and ego aspects and to establish connections between them. Insight is gained into the economic aspects of aggression in the normal and schizophrenic individual and into deficiencies in the primary autonomous factors in the ego which may represent one etiological element in the predisposition to schizophrenia.

K. R. Eissler, M.D. 'Notes upon the Emotionality of a Schizophrenic Patient, and its Relation to Technique', pp. 199-251.

A shortened version of this paper was published in the *International Journal of Psycho-Analysis*, volume 35, 1954, pp. 141-146, under the title, 'Notes upon Defects of Ego Structure in Schizophrenia.'

Margaret Mahler, M.D., and Paula Elkisch, Ph.D. 'Some Observations on Disturbances of the Ego in a Case of Infantile Psychosis', pp. 252-261.

A case is reported of a six-year-old boy who manifested a remarkable memory for small details of situations which had been highly emotionalized in his infancy; so much so that he was constantly distressed by meeting such a detail as a purely adventitious element in later experience. This failure in selective forgetting came to the fore during treatment. Desperate crying over stories

or pictures connected with babies was a feature of his symptomatology. At one stage he showed catatonia-like states of excitement around the pictures, alternating with a listless stuporous condition. He seemed deliberately to seek out the sweeping excitations inherent in the pictures and the activities which they induced in him to ward off a threatened dissolution of the boundaries of the self. Desperate crying had been an element—which the parents had tried to prevent—in two passively perceived experiences of his first year; one a painful prolonged bodily state, the other prolonged feeding difficulties. In treatment he mimicked and excitedly fed a crying 'picture baby'. The feeding was not meant to assuage the baby's crying, but expressed a reactivated memory entity in which 'crying-baby-pain-feeding' were irreversibly connected. The baby activities corresponded to a quest for restitution in terms of the primary process and its mechanisms, and enabled him to relegate his crying to an image with whom he playfully identified. His unstructured ego could neither modulate its affects nor function in the secondary process by selective perception, selective recall, and selective forgetting. The chronic distress connected with the enduring character of the early painful experiences had defeated the functioning of repression. The irreversible nature of his composite memory patterns prevented the development of a capacity for abstraction, and his extraordinary memory was an inexpedient substitute for the ego's ability to execute repression.

Anna Maenchen, Ph.D. 'Notes on Early Ego Disturbances', pp. 262-270.

The case of a four-year-old boy is described with a view to assessing the contribution made by maternal deprivation to his severe ego disturbances. Both parents were withdrawn and the area of traumatic handling embraced all the early milestones. Restriction of movement and enforced loneliness were features. Symptoms of echolalia, awkwardness, confusion of pronouns, and inability to establish relationship fitted into the picture of schizophrenia, but there were significant 'symptomatic omissions.'

The introjection of the vague withdrawn mother seems to have been a factor in producing a reality-shy ego. In the child's almost objectless world, an increase in primary narcissism with primary aggression partly turned against the self were inevitable features. The author offers the speculation that internalized aggression may have taken as its object the non-autonomous ego functions and handicapped the process of synthesis.

The retarded speech, still at an imitative level at four years, contained suppressed oral and anal elements beyond which the child had not progressed. An anal regression, activated during treatment, revealed an early fear of abandonment. A secondary aggression (anal spite), superimposed on these

factors led to the relinquishing of independent activity. 'The therapy was based on the assumption that the patient was born with a normal equipment and normal abilities. It was geared to the resumption of a development which, had it not been arrested, would have progressed in a normal way.' The therapist was successful in reuniting the child with the mother in a relationship which satisfactorily included aggressive elements. Doubt is expressed whether the child's apparent normality at nine years will withstand the onset of adolescence, and to this extent it is uncertain how far a congenital defect in the mental apparatus may have featured in his ego disturbance and isolation.

Annemarie Weil, M.D. 'Certain Severe Disturbances of Ego Development in Childhood', pp. 271-287.

Following on the work of Kanner, Rank, Geleerd, and Mahler, the author describes in detail the clinical characteristics and dynamics of a group of children with severe ego disturbances of a non-neurotic type characterized by *arrested* development. Immature object relationship with features of omnipotence and faulty and defective reality testing arising from inadequate defensive structuring are typical. This group represents the pool from which some acute and subacute psychoses and a variety of less dramatic, non-regressive narcissistic disturbances emerge. There is a résumé of the literature connecting this type of child with clinical entities found amongst adult patients, and the writer describes the progress and outcome of treatment in a girl patient whom she followed from her tenth to her eighteenth year.

Gregory Rochlin, M.D. 'Loss and Restitution', pp. 288-309.

The treatment is described of a boy of four years suffering from social isolation and incomplete ego differentiation. The history showed repeated separations from the mother, beginning at three months and extending up to the time of treatment. A total change of surroundings was repeatedly involved.

A central symptom which was repeated in the treatment was the child's need to retreat into a cupboard, under stress, and rub his face on his mother's fur coat. The treatment revealed a generalized tendency of the infantile ego to avoid loss by fixing upon a part of the object which it could retain and control. The child's primitive stereotyped patterns of behaviour disclosed a parallel effort to immobilize his own involuntary functions whose autonomous activity threatened him by stimulating phantasies of loss. The child's efforts to keep his objects by incorporation, control, and immobilization involved an almost complete sacrifice of essential reality.

The case is cited as representative of an important

group of children who suffer severe object loss at a predominantly narcissistic stage of libido development, prior to the development of object constancy. The ego's need for an object cannot be met by a mere increase in narcissism, and the object is restored in inanimate form at some cost to the reality sense. The disorder described differs in degree and pervasiveness from the normal phenomenon of children solacing themselves with a doll or a piece of fur, which does not result in arrested development.

Berta Bornstein. 'Fragment of an Analysis of an Obsessional Child. The First Six Months of Analysis', pp. 313-332.

This presentation of the case of an eight-year-old girl suffering from insomnia and fear of death was made to facilitate discussion of divergent techniques among a group of analysts. The death fear was fed by the intensity of the child's destructive impulses against mother and sister, and represented a punishment by the superego. With the decrease of the death fear, libidinal aspects of the relation to the father emerged in the form of the 'death feeling', and a frightening pleasurable sensation called 'the creeps', expressing the struggle against masturbation and the fear of self-injury. The interrelatedness of insomnia, death fear, and superego development was discernible in this early phase of the treatment. Seventeen drawings illustrate the case presentation.

Augusta Alpert, Ph.D., and Sylvia Krown. 'Treatment of a Child with Severe Ego Restriction in a Therapeutic Nursery', pp. 333-354.

A four-and-a-half-year-old boy was entered at the Council of Child Development Centre's Therapeutic Nursery in company with his mother for observation of severe anxiety states which made it impossible for him to separate and which seemed connected with traumatic events in his third year. Closer observation revealed severe early impairment of ego functioning characteristic of atypical children. He was given an exclusive relationship with a teacher through which he was enabled to relive correctively steps in object formation. The educational treatment included persistent stimulation to prevent withdrawal and regression. As independent functioning developed group contacts were tolerated and extended. Experiments with guided regression to early fixations following cues given by the child became a productive later feature. Continual infusions of borrowed ego strength have resulted in a mitigation of the demand for symbiotic union, some growth in independent activity, and the development of new defences. Work with both parents went on simultaneously and psycho-analytic treatment of the child is now envisaged. The psychopathology reveals many of the features, both extrinsic and intrinsic, typical of early autistic disturbances.

Sara Kut. 'The Changing Pattern of Transference in the Analysis of an 11-year-old Girl', pp. 355-378.

In her paper entitled 'Clinical Notes on the Nature of Transference in Child Analysis' (*Study of the Child*, vol. 6) Selma Freiberg concludes that the term 'transference neurosis' cannot be applied to the analysis of children and adolescents, because 'the original neurosis is still centred to a large extent on the sphere of the home and the infantile objects'. In contrast, this paper attempts to show that the transference in child analysis does indeed exist in different forms and can, at certain times, assume the appearance of a transference neurosis. Three stages of the transference are described against the background of the libidinal development of the girl.

In the first stage the libidinal cathexis remained at home, and the transference paved the way towards the acceptance of aggressive and hostile wishes and thoughts directed towards members of the family. It was in the second stage that one could speak of a transference neurosis, because the regressed conflicts, once they had been worked through in relation to the original objects, were repeated in the analysis with the therapist as the central object. They were resolved after they had been interpreted and worked through. In the third stage the transference shifted once again, and now 'contemporary' and current conflicts were simultaneously worked through in many different places in relation to the different objects at home, at school, and with friends, as well as at the clinic.

Emma Plank, M.A. 'Memories of Early Childhood in Autobiographies', pp. 381-393.

The author has come upon a certain type of early memory showing the quality of genuine recollection of significant experiences, which are distinct in its qualities from screen memories. These creative writers seem to have undertaken the

recording of their lives under some intense emotional stress and when they were advanced in years. Mostly they describe not memories of events but emotional relationships and experiences, feelings of anxiety, despair, bliss, and early instinctual gratifications, reaching back to the end of the first year of life. The writers were men showing pathological traits but with a high degree of creative integration.

Géza Róheim, Ph.D. 'Fairy Tale and Dream', pp. 394-403.

In this posthumous publication two fairy stories, *Little Red Riding Hood* and the *Tale of Fearless John*, are analysed in terms of a new view of mythology and the folk tale. 'It seems that dreams and myths are not merely similar, but that a large part of mythology is actually derived from dreams. In other words we can not only apply the standard technique of dream interpretation in analysing a fairy tale but actually can think of tales and myths as having arisen from a dream which a person dreamed and then told to others, who retold it again, perhaps elaborated in accord with their own dreams.'

Thomas A. Petty, M.D. 'The Tragedy of Humpty Dumpty', pp. 404-412.

Three examples are offered, two from child and one from an adult analysis, to indicate the clinical significance of the rhyme. 'The rhyme itself is a simple dramatization of the second catastrophic trauma a child experiences (if birth is the first), viz. the arrival of a sibling. Humpty Dumpty then symbolizes both the first- and second-born; and the fall, the sibling's birth, the first-born's fall from parental favour, and the first-born's hostile wish that the same disaster befall the sibling.' 'The wall represents the mother, mother love, parental esteem, and the narcissistic omnipotence of the first-born.'

Ruth Thomas.

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Part 2

TWO NOTES ON IDEALIZATION, ILLUSION AND DISILLUSION AS NORMAL AND ABNORMAL PSYCHOLOGICAL PROCESSES¹

By CHARLES RYCROFT, LONDON

Fairly soon after the beginning of her analysis a patient reported a dream in which the moon fell out of the sky into a dustbin. The night, however, remained bright as another moon was shining in its place. Her only comment on the dream was the rather sarcastic one that, of course, her previous psychotherapist would have said that the moon stood for either the breast or the vagina. In the absence of further associations, no interpretation was attempted and the dream was never referred to again. I shall return later to the significance of what was for this patient a characteristic piece of behaviour—giving me material which was tantalizing in its apparent significance, but doing so in such a way that I was unable to make any use of it.

I was reminded of this dream when, some months later, I was reading an English translation of some poems by Giacomo Leopardi, the Italian romantic poet of the early nineteenth century. One, an early fragment written when the poet was twenty-one, describes a dream in which the moon falls out of the sky and burns itself out in a field. The dreamer then looks up at the sky and is frozen with terror at the sight of the hole from which the moon has been torn. I quote the poem in full. It is written in the form of a dialogue between the dreamer, Alcetas, and his companion, Melissus.²

THE TERROR BY NIGHT (a fragment)

ALCETAS:

Hear me, Melissus; I will tell you a dream
I had last night, which comes to mind again,
Now that I see the moon. I stood at the window
Which looks out on the field, and turned my eyes
Up to the sky; and then, all of a sudden,

The moon was loosened; and it seemed to me
That coming nearer and nearer as it fell down,
The bigger it appeared, until it tumbled
In the middle of the field, with a crash, and was
As big as a water-pot; and it spewed forth
A cloud of sparks, which spluttered, just as loud
As when you put a live coal under water
Till it goes out. For it was in that way
The moon, I'm telling you, in the middle of the
field,

Went out, and little by little it all turned black,
And round about the grass went up in smoke.
And then, looking up at the sky, I saw was left
A kind of glimmer, or mark, or rather a hole,
From which it had been torn, and at that sight
I froze with terror; and don't feel easy yet.

MELISSUS:

Aid well you might, indeed; for sure enough,
The moon *might* tumble down into your field.

ALCETAS:

Who knows? For don't we often see in summer
Stars falling?

MELISSUS:

But then, there are so many stars:
And little harm if one or other of them
Do fall—there's thousands left. But there is only
This one moon in the sky, and nobody
Has ever seen it fall, except in dreams . . .

It will be seen that, unlike my patient's dream, Leopardi's was a nightmare. The reassurance my patient gave herself during sleep was only provided by Leopardi's waking consciousness, and even then it is attributed not to the dreamer but his audience. An interesting minor detail is that the dream only comes to mind again when the dreamer sees that the moon is, in fact, still in the sky.

Although, working along the rather direct

¹ Paper read before the British Psycho-Analytical Society on 17 February, 1954.

² Poems from Giacomo Leopardi, translated and intro-

duced by John Heath-Stubbs. (London: John Lehmann, 1946.) Quoted by the kind permission of translator and publishers.

lines apparently practised by my patient's previous therapist, one can immediately suggest an interpretation in terms of castration anxiety and the primal scene, the poem's full emotional significance can only be appreciated in the light of imagery recurrently used by Leopardi. For him moonlight represented a state of illusion and the setting of the moon disillusion. This is stated explicitly in his last poem, 'The Setting of the Moon', which was written two hours before his death at the age of thirty-eight. In this poem, which is, unfortunately, too long to quote in full, the moon is described as creating 'a thousand images, illusory and fair'—'a thousand sense-deceiving objects' in another translation—and its setting is used as a simile to describe the loss of hope which was for Leopardi the inevitable companion of growing old. 'Away depart the shadowy forms and beautiful illusions; less now seem those far-off hopes on which our suffering mortal nature learned to lean.' This poem, in which the setting of the moon is used as a symbol for a gradual, life-long loss of hope, justifies us, I think, in interpreting the nightmare of nearly twenty years earlier as depicting the threat of a sudden, catastrophic disillusion, the collapse of a 'secondary construction' based on illusion and idealization which was maintained as a defence against a sense of despair and futility.

This point is well made in language proper to literary criticism by Leopardi's latest translator, John Heath-Stubbs,³ in that part of his introduction in which he discusses Leopardi's philosophy of life.

'... Leopardi believed the normal condition, and the greatest evil, of human existence to be *noia* ("spleen" or tedium) and from this men sought to escape through various illusions of pleasure. . . . It is a purely negative state, antipathetic to the creative mood of the artist, so that every successful poem represents, in fact, a temporary escape from it. The loss of the ideals and illusions which make this escape possible is a continually recurring theme with Leopardi. . . . Lastly, we must remember Leopardi's intense feeling for the beauty of nature, closely linked as it is with these same themes. In particular he seems to be haunted by the image of landscape transfigured by moonlight, and the moon itself becomes for him a symbol of "a transitory, though ideal beauty. In his early fragment, "The Terror by Night" (an actual dream-poem), he envisages, perhaps, the condition of a world where this light has been suddenly extinguished; and in

his latest poem, "The Setting of the Moon", which was actually written on his death-bed, the same theme is handled for the last time.

'That Leopardi's extreme pessimism sprang from a deep temperamental melancholy there can be no doubt, and his life offers many features which would interest a psycho-analyst. His relationships with women, though partly inhibited by the circumstances of his bodily deformity, give evidence of a certain abnormality, as well as a strongly developed capacity for passionate idealization. Ranieri states categorically that he never experienced the normal consummation of love. That the peculiar circumstances of his upbringing, and in particular his unhappy relations with his mother, played an important part in determining the course of his development, I have no doubt. I do not think it altogether fanciful to maintain that the feelings towards his mother may be connected with the development of his attitude to Nature. At first the beauty of Nature is dwelt upon in his poems, but Leopardi comes more and more to repudiate her, and to regard her as a force actively hostile to Man.'

It is, actually, fairly certain that 'The Terror by Night' was written in what is generally recognized to have been Leopardi's most critical year, during which, by a process of sudden religious 'de-conversion', he lost his faith and replaced it by the pessimistic philosophy of life described in the previous quotation. Another poem of the same period, 'The Dream', describes 'the ghost of her by whom I first was taught what love is, and who later left me weeping'. For several months of this year he lived in a state of inertia in which he felt, as he said, 'like a living corpse' and suffered from a temporary blindness, which, like his deformity, is attributed by his biographers to over-reading. A year earlier he had been overwhelmed by the discovery that he had 'a heart endowed with a capacity for loving so immense, that it despaired from the first of ever finding in this world an object adequate to its satisfaction'. This intuition of impotence followed his first infatuation with a female cousin, who was already married and a mother. (Unlike 'The Terror by Night', 'The Dream' is, presumably, not a genuine dream-poem, since it is a fairly close imitation of a poem by Petrarch. The facts and quotations in this and later paragraphs are taken from Bickersteth.⁴)

Leopardi's impotence and the fact that he was the son of a dominating puritanical mother and an ineffectual though gifted father do, in fact,

³ *Op. cit.*, pp. 11–12.

⁴ *The Poems of Leopardi*, translated and edited by

Geoffrey L. Bickersteth. (Cambridge: University Press, 1923.)

justify an interpretation of 'The Terror by Night' in terms of castration anxiety. A castrating, feminizing conception of sexual intercourse is surely depicted in the image of the moon crashing to the ground, spluttering like 'a live coal under water' and leaving in the sky 'a hole, from which it had been torn'. This interpretation can be reconciled with Leopardi's use of the moon as a symbol for illusion and ideal beauty if one assumes that the dream expresses an internal anxiety situation. The moon represents not the real, external penis but the idealized, internal penis of poetic creativeness which has been hypercathexed as a means of overcoming the sense of despair engendered by recognition of his actual, sexual impotence. Theoretical considerations relating to the regressive effects of castration anxiety and the psychodynamics of the poetic impulse make it certain that this idealized penis is also an internal breast.

It is, however, no part of my purpose to explore the hazardous reaches of psycho-analytical literary criticism. My only reason for turning to Leopardi's poetry is in the hope of illuminating the psychological problems of idealization and disillusion in general, and, as a particular instance, my patient's dream. If one assumes that for her, as for Leopardi, moonlight represented illusion and the moon the idealized object that maintains the state of illusion, one can interpret her dream in a way which is not only meaningful in itself but which also accords well with the pattern of her neurosis. The moon falling out of the sky represents the loss of an idealized good object. The fact that it falls into a dustbin represents denial of the value of the lost object and its sadistic, anal expulsion, while the second moon shining in the sky shows that the lost object, its loss denied, has been immediately replaced by another idealized object.

My patient was the younger daughter of neurotic and unhappily married parents who separated soon after her birth. Her introduction to life must have been not only frustrating but tantalizing, since her mother made unsuccessful attempts to overcome her anxiety about suckling her baby by being hypnotized. In her second year she suffered total separation from her mother for a period of over three months. Two of her earliest recorded remarks foreshadowed aspects of her later development. They were 'Why should I always have to be unhappy just because Mummy is?' and 'I love

my sister (i.e. not her mother) better than anyone else in the whole world.' At least as early as the age of four she began the series of infatuations with older girls, teachers and female friends of her mother, which formed the pattern of her emotional life. These passionate attachments all bore the marks of idealization, the objects being unattainable and frustrating since they were chosen from outside her own family and age-group and were inevitably less interested in her than she was in them. The sadistic motive of making her mother feel unwanted was apparent in several of these attachments. This contributed to her unconscious fear of her mother, which was expressed in a phantasy of being pursued by a witch or ghost, who, as her analysis later showed, was felt to reside inside her own body.

Those who idealize their love-objects live in a fool's paradise, and my patient's infatuations necessarily tended to be short-lived. Either the object was indifferent, in which case the relationship became too humiliating to be tolerated, or, even worse, it was responsive, in which latter case the discrepancy between her emotional expectations and what the object could really give her led eventually to disillusion, anger, and bitterness. These feelings, however, never lasted long. A short period of hatred or despondency was soon followed by the instatement of a new ideal, the discovery of a new perfect object, who would be able to satisfy all her desires and rescue her from her unhappiness. Although one moon had fallen out of the sky and momentarily all was darkness, another one could always be put in its place. But the object she had discarded could not really be thrown away as easily as it was in her dream. She felt, she once told me, as though she had murdered all her lost objects.

During her analysis this pattern was inevitably repeated in the transference. She came to me precipitately from a non-Freudian psychotherapist in a state of severe, hysterical depression with several accompanying conversion symptoms. In the first hours she oscillated between day-dreams of my taking her home with me and giving her tea with bread and honey—her night-dreams were more obviously erotic than this—and terrifying images of me in which I had large breasts that were crumbling to pieces. Later the frustrations of analysis led her to treat me as she had her mother. Since her analyst was a physician he had to be snubbed by her seeking her cure and salvation from

osteopaths, homoeopaths, and nature-healers. Since his therapy was a 'talking-cure' involving no physical contact she had to try to overcome her sexual anxieties by plunging into heterosexual activities and invoke, unsuccessfully, the help of a gynaecologist in curing her frigidity. If any of these therapist mother-substitutes could be provoked into making disparaging remarks about psycho-analysis, so much the better. Telling me a dream in such a way as to arouse my interest and then by her comment on it challenge me to do better than her previous therapist, without in fact giving me any opportunity to do so, was part of the same pattern.

Although it was clear in this case that the mechanism of idealization was suborned to fulfil a sadistic purpose, it cannot, I think, be maintained that this is one of its primary functions. The purpose of idealization would seem rather to be to enable the ego (a) to deny feelings of hopelessness and emptiness which have arisen as a result of a withdrawal of cathexis from real, external objects, and (b) to evade the necessity of recognizing and resolving the ambivalence which would have to be faced if available, real, external objects were ever to be re-cathected. My patient had to idealize objects other than her mother since the only other alternatives were to lose all belief in life or to hate, and expect to be hated by, her mother or, in adult life, any other person from whom love might be attainable. Similarly, Leopardi's idealization of women is to be connected with the fact that, according to Bickersteth,⁵ he 'committed to his notebook one of the most terrible indictments ever penned by a son against his mother' even though 'he always treated her outwardly with the most scrupulous respect'.

It will be seen that I have attached central importance to withdrawal of cathexis from real, external objects as an instigator of idealization-processes. The initial tendency to withdrawal can be ascribed, according to one's theoretical predilections, to one of three possible factors: (a) a frustrating discrepancy between libidinal expectations and the amount of libidinal satisfaction actually experienced, (b) fear of the

external object resulting from projection on to it of endogenous destructive impulses, and (c) a failure on the part of the environment to arouse the infant's libidinal expectations and maintain them by a modicum of satisfaction. (I shall return later to the significance of the distinction between the first and last of these three alternatives.) It will, however, be generally agreed that the tendency arises in the matrix of the infant's first emotional relationship with external reality, i.e. in its early relationship with its mother. There will, I think, be little doubt that in the material I have presented the obvious interpretation that the moon represents the breast is a correct one.

The close and complex inter-relationship existing between idealization on the one hand and withdrawal of cathexis from external reality on the other is illustrated by the fact that in everyday speech the word 'disillusion' is used to describe two psychological processes that at first sight seem to be psychopathologically quite distinct. It is used to denote not only loss of illusions, i.e. the discovery that things are not as one had incorrectly imagined and hoped them to be, but also loss of the ability to find value and interest in things as they actually are. Indeed, the latter is probably the commoner use of the word. In this paper I have so far used it in the first sense to describe the disenchantment that is the emotional hazard of those whose stability is based on the over-use of idealization. I could, however, equally well have used it to describe the initial disturbance in object-relationships that sets the tendency to idealization going. Although this ambiguity can be taken as an indication of the extent to which human beings rely on 'secondary constructions', it can also be seen as some confirmation of the idea which is so central to the thought of Winnicott⁶ and Mrs. Milner,⁷ the idea that an element of illusion enters into the realistic libidinal cathexis of external reality. If, as they maintain, illusion is an essential part of the cathexis of reality, then withdrawal of cathexis is, in an entirely uncynical sense, a process of disillusion.

This seeming paradox of supposing illusion to play an essential part in the cathexis of reality can be resolved, I believe, if one takes two considerations into account. The first is the

⁵ *Op. cit.*, p. 3.

⁶ Cf. Winnicott, D. W. 'Primitive Emotional Development', *Int. J. Psycho-Anal.*, 26, 1945, 137; *idem*, 'Pediatrics and Psychiatry', *Brit. J. med. Psychol.*,

21, 1948, 229.

⁷ Cf. Milner, M. 'Aspects of Symbolism in Relation to the Discovery of the Not Self', *Int. J. Psycho-Anal.*, 33, 1952, 181.

obvious but easily forgotten one that the notion refers not to the individual's total relationship to reality but only to the erotic component of the total cathexis. It refers not to the purely nutritive 'ego-instinct', aspects of the infant's relationship to its earliest environment but only to these parts of it which are concerned, even if only nascently, with love.

The second consideration to be taken into account is that this conception of the function of illusion can be taken as an extension and elaboration of one of Freud's earliest and most fundamental ideas. This is the idea that wishes tend towards hallucinatory self-fulfilment and that when the reality-sense is in abeyance, as in sleep, or has yet to be firmly established, as in infancy, cathexis of an hallucinated imago of the object leads to at least temporary satisfaction of the wish. This is, of course, not exactly the way that Freud himself put it. He wrote more in terms of hallucinatory gratification of wishes than in terms of hallucination of gratifying objects. But since he assumed that this involved regressive cathexis of memory-traces, one is justified, I think, in speaking of cathexis of an hallucinated imago. I shall return later to this point when I shall suggest that cathexis of this imago involves something more than a shift from perception to memory. Using this concept of an hallucinated imago, one can say, I think, as a first approximation that Winnicott and Milner have in mind the idea that the development of a healthy erotic relationship with reality involves that at the moment of consummation of a wish there should be a convergence and merging of this hallucinated imago (and its cathexis) with the imago of the available external object, not a shift of cathexis from one imago to the other. Failure to fuse these imagos leads to a divorce between the imaginative and intellectual functions that is, in principle at least, unnecessary. Successful fusion, on the other hand, leads to freedom from the belief that desire and reality are in inevitable opposition to one another and, in Mrs. Milner's words, to 'the development of a creative relation to the world'. I think Mrs. Milner would agree that this creative relation includes the capacity for ecstatic and joyful experience of external reality (i.e. ecstasy which is not based on manic defence). Absence of this ecstatic, creative element is probably often responsible for the sense of disappointment which seems so often

to follow sexual intercourse even in individuals with apparently unimpaired orgasmic capacity and which is so vividly expressed in the old Latin tag '*omne animal post coitum triste*'.

Disbelief in the possibility of finding joy in life and the associated divorce between intellect and imagination can be seen in Leopardi's view that illusions are a necessary escape from reality and his identification of Science with death and Poetry with life.⁸ If translated into the language of psycho-pathology this implies the necessity for a transfer of cathexis from external reality on to the hallucinatory imago and its imaginative elaborations. This shift of cathexis leads to the creation of ideal and idealized internal objects, which are cathected at the expense of external object-relationships. Re-projections of these internal objects, like my patient's infatuations and Leopardi's belief in his Muse, represent an attempt to recover the capacity for object-relationships without having to deal with the difficulties that arose in the original external object-relationship.

This way of stating the matter seems to imply the formation of internal objects by a simple process of displacement of cathexis from one imago to another without involving introjection. One can see, however, that this is not the case if one considers the processes that underlie the primitive capacity for hallucinatory gratification. According to Freud it is based on the activation of memories of past satisfactions (and not on the presence of any innate idea of an object from which satisfaction is expected and which is automatically cathected in states of instinctual tension). Since the hallucinatory gratification is presumed to be an experience of pure pleasure, this involves dissociation of the memories of past satisfaction from those of past pain, even though the pain and pleasure will both have arisen in relation to the same external object. One must add, therefore, that splitting of introjected object-imagos (memories) into ideal good and ideal bad imagos is also involved. In other words the hallucinated imago is formed by a double process of introjection and splitting. This mode of formation explains why my patient's compulsion to idealize was accompanied by the phantasy of a witch residing inside her own body and why Leopardi as he grew older came to see in the nature he had previously loved a force actively hostile to man.

The relationship of these processes to the

⁸ Bickersteth, *op. cit.*, p. 8.

problem of illusion can only be understood if one realizes that they presuppose that a certain primitive adaptation or response to reality has already taken place. Freud's hypothesis that the infant in states of instinctual tension tends to hallucinate by cathecting memories of past satisfactions assumes that it has already become capable of having gratifying experiences and that its drives to seek satisfaction, i.e. to wish, have already been activated. That there is a necessity for such an activation of instinct can be seen if one turns to the work of, for instance, Ribble⁹ on 'stimulus hunger', or the ethologists (Tinbergen and Lorenz) who, as Bowlby¹⁰ has recently told us, have shown that innate patterns of behaviour require the presence, at critical phases of their development, of certain 'sign' stimuli for their release. In the absence of these sign stimuli, potential patterns of behaviour never become manifest. It is Winnicott's contention, I believe, that early infancy is such a critical phase and that the importance of the early mother-infant relationship lies not only in the amount of satisfaction received by the infant but also in the degree of correspondence between the infant's latent impulses, wishes, or needs and the mother's provision of the kind of stimuli necessary for their release. Insofar as the mother arouses the infant's libidinal expectations and maintains them by a modicum of satisfaction, its perception and conception of reality will accord with the pattern of its inherent instinctive tendencies, and impulses will not merely tend to be directed towards an external reality which is subjectively felt to be good but will actually be developmentally bound to the imagos of the reality that has released them. An imaginative sense of reality will develop which is stable because its development is part of the infant's self-realization.

Subjectively, that is, from the infant's point of view, to the extent that external reality has played into its unconscious expectations, it will develop the illusion, as Winnicott puts it, that it has created its objects, or, to put it the other way round, will be spared for a while the awareness that its objects are not part of itself, have not been created omnipotently by its own desires. Though this illusion will require an eventual disillusion, the disillusionment will be confined to its belief in its omnipotent control of reality, not to reality itself. The healthy child's

hero-worship of its parents and its belief in their omnipotence is to be seen as a normal process of idealization which tides it over this period of disillusion until such time as it can rely on its own powers and discovers itself as an individual, potent but not omnipotent.

If, however, the environment fails to maintain a modicum of satisfaction, impulses, to the extent that they have arisen at all in a frustrating environment, will lack firm attachment to the imagos of real, external objects and external reality will be subjectively felt as tantalizing and bad. The path to external reality not being firmly established, impulses will tend to be directed inwards and will attach themselves to the only other available imagos, the ideal objects created by splitting of introjected object-imagos. These ideal internal objects will certainly be present, to some extent at least, for the simple reason that psycho-analysis only has cognizance of living infants. Those that receive no stimulation, no gratification, die. The infant's illusion that it has created its objects, its imagination, and, indeed, its sense of reality, for it will in a way have created its objects, will refer not to external reality but to ideal, internal objects, and the stage will be set for the development of pathological idealization-processes of the kind described in the clinical material I have presented.

SUMMARY

The first of the two notes is an analysis of two very similar dreams, one reported by a patient, the other recorded in a poem by Giacomo Leopardi (1798-1837). The central theme of both is the moon falling out of the sky. Material, clinical in one case, literary and biographical in the other, is presented to show that in each the moon represented an idealized internal object and its falling out of the sky disillusionment and the collapse of a defensive 'secondary construction' based on illusion and idealization. The relationship of the anxiety inherent in both dreams to castration anxiety is discussed.

The material presented in the first note is used to provide illustrative examples for the second, which considers the relationship between pathological idealization, with its attendant risk of pathological disillusion, and illusion and disillusion as normal processes playing an essential

⁹ Ribble, Margaret. *The Rights of Infants*. (New York: Cambridge University Press, 1950.)

¹⁰ Bowlby, John. 'Instinct and Object Relation

Theories of Zoologists.' Unpublished paper read to the British Psycho-Analytical Society on 19 February, 1952.

part in the establishment of external object relations and 'the development of a creative relation to the world' (Winnicott and Milner). It is suggested that:

(a) Pathological idealization is the result of a defensive hypercathexis of imagos produced by splitting of introjected external object imagos and their later imaginative elaboration.

(b) That this hypercathexis is the result of a quantitatively significant lack of correspondence between the infant's latent impulses and the stimulation and satisfaction provided by the environment.

(c) That, conversely, to the extent that there

is correspondence, the infant feels that external reality has 'played into' its unconscious expectations and acquires the illusion that it has created its objects omnipotently. The later 'normal' disillusion will be confined to its belief in its omnipotence.

(d) That in cases such as those described in the first note, this illusion of creativity becomes attached to ideal internal objects, leading to pathological states of illusion and idealization with their ever-present risk of catastrophic disillusion.

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SOME PHILOSOPHICAL SPECULATIONS ABOUT THE CONCEPT OF THE GENITAL CHARACTER

By SAMUEL NOVEY, M.D., BALTIMORE

Freud has stated in his *Encyclopaedia Britannica* article that 'There is no reason for astonishment that psycho-analysis, which was originally no more than an attempt at exploring pathological mental phenomena, should have developed into a psychology of normal mental life.' The emphasis in psycho-analysis has tended to remain, however, more or less centred on the pathological. Perhaps too little attention has been paid to that ultimate state of maturity in man which we might presume to be present in the absence of these pathological phenomena.

The psycho-analytic concept of the mature human is indicated by the term 'genital character'. As a point of departure I should like to quote in its entirety the paragraph on this subject in Fenichel's (3) book, since I believe it to be the classical psycho-analytic view:

A normal 'genital' character is an ideal concept. However, it is certain that the achievement of genital primacy brings a decisive advance in character formation. The ability to obtain full satisfaction through genital orgasm makes the physiological regulation of sexuality possible and this puts an end to the damming up of instinctual energies, with its unfortunate effect on the person's behaviour. It also makes for the full development of love (and hate), that is, the overcoming of ambivalence. Further, the capacity to discharge great quantities of excitement means the end of reaction formations and an increase in the ability to sublimate. The Oedipus complex and the unconscious guilt feelings from infantile sources now can really be overcome. Emotions, then, are not warded off any more but are used by the ego; they form a harmonious part of the total personality. If there is no longer any necessity to ward off pregenital impulses still operative in the unconscious, their inclusion into the total personality in the form of traits of the sublimation type becomes possible. Whereas in neurotic characters pregenital impulses retain their sexual character and disturb rational relations to objects, in the normal character they partly serve the aims of forepleasure under the primacy of the genital zone; but to a greater extent they are sublimated and subordinated to the ego and to reasonableness.

The thesis developed here depends on the supremacy of the libidinal drive as an instinctual source of man's development to maturity and implies the *sine qua non* character of genital development and functioning for such maturity. Adequate genital functioning indeed serves as a remarkably good index, in a clinical sense, of man's 'maturity'. The thesis, however, does not clarify or explain, in and of itself, the coincident psychological concomitants of maturity, though it proposes that the phenomena of 'sublimation' and 'subordination of the instincts to the ego' occur. It is my intent to explore these concomitants further, since I am under the impression that there are certain common processes related to the achievement of maturity which require further clarification.

It is assumed in the concept of genital supremacy and orgasmic potency that a fairly definitive kind of relatedness occurs toward the partner. This would be worth investigating further, both in terms of what might be objectively observed in this extension of self represented by such a relatedness, and in terms of the pattern of beliefs, phantasies, and presumptions which constitute an essential part of the relatedness and contribute essentially to its meaningfulness. I therefore propose to inquire further into the characteristics of the object relationships of the mature character. The need for such an inquiry is emphasized through the general rather loose usage of terms like 'external reality' and 'objects' which are assumed to represent some fixed, observable state of being, but which upon closer examination seem to represent involved concepts indeed.

Winnicott (9) has recently attempted to elaborate upon the infant's sense of what he proposes to call the 'me' and 'not me'. This is an entirely logical and necessary direction of investigation. The inquiries in psycho-analysis into the development of a sense of reality have essentially been based upon observing and speculating as to what the human infant experiences and what phases can be detected

in the process of establishing its own boundaries. The speculations, oft-times well placed, have depended largely on adult recollections as revealed by psycho-analysis. There has been little consideration given to what the eventual characteristics of these boundaries are in the adult human whom we describe as mature. To rephrase this, we are apt to assume that the mature adult has attained an ultimate appreciation of reality, but this appears to be far from the fact.

The development of a clear delineation between self and not-self has its advantages in establishing and maintaining man's integrity as a separate being and in increasing his functional capacities in certain directions. An example of this is presented by man's capacity to advance beyond an animistic concept of the environment external to himself. At the same time this differentiation of self and not-self has grossly distorted other phases of the observable relationships of man. It has tended to abstract him, in his thinking, too much from the world around him. The sense of self can only have subjective reality. That we are discrete biological organisms is evident, but our inner sense of ourselves does not coincide in numerous particulars with our characteristics as they would be identified by an objective observer. We assume a sense of self essentially similar to our own in other humans only through and because of an inner conviction of the reality of this sense experience within ourselves. Even in our sense of our physical self we have established certain gross concepts of ourselves, as for instance our awareness of 'body boundaries', but we maintain an extensive and personal view of even our physical selves by no means coincident with the data available to the objective observer.

Man is prone, in his more usual process of thinking, to assume that his observations of both internal and external events are 'objective' in character. By this I am referring to an essential unawareness of the impact of his own emotional bias on his capacity of observation. The urge to assume this position of 'objectivity' depends upon man's need to structure his environment so as to give him a feeling of security, which is often based, in a sense, upon a delusion. He needs to believe, whatever the facts, that his life is a meaningful thing and that which he looks upon as his self is a purposeful unitary thing. I propose to use the word 'delusion', since this is a construct on

man's part based upon no conceivably provable grounds, but one which he feels compelled to cling to with the greatest tenacity—'as if his very life depended on it', and so I believe it to be. I am not here making reference to any passive process by my usage of the term delusion. On the contrary, I look upon it as an intensely dynamic and highly charged process. If one chose to look at this process from another viewpoint it would appear that man is 'creating' meaning, purpose, and security for himself, but insofar as he does this at the expense of denying observable facts it appears to me to be a delusional process, however efficacious it may be.

This act of belief is undeniably a product of the libidinal and aggressive instincts, and appears to coincide with what is commonly described as faith. This faith is based in the earliest child-mother relationship where the need to experience security through faith first manifests itself. One of the prime functions of psycho-analytic treatment is to reactivate and assist this primal faith in assuming once again a functional capacity and to aid successfully in repressing such disintegrative impulses as the patient may have unleashed as a part of his illness. I realize that to consider repression as a function of successful treatment represents a peripheral view in psycho-analysis, and has been considered mainly as applied to the psychoses (2), but I am by no means convinced that repressions in certain spheres do not occur as a healthy and essential part of the normally functioning adult.

Sperling (8) has advanced the thesis that what he describes as 'controlled delusions' are derivations of partial libidinal instincts, and he raises doubt whether we could have 'rich and colourful experience without them'. The experiences he is describing are true illusions and as such can be corrected by evidence or persuasion. The experiences he describes are related to but are not the same as those described in this paper, since the ones described here are not and cannot be corrected by reasoning because of their indispensable character. This forced me to the usage of the term delusion. It is my hope that I can clarify this in my further considerations of the object relationships of the genital character.

The parallel in modern science and in psycho-analysis to the concept of *Logos* in ancient philosophy would appear to be very great and serves as a good example of this delusional process. This concept advances the idea of an 'immanent reason' in the world, giving order

and regularity to the universe and thus to man. Its basic conception is that through such belief one would become emancipated from 'the tyranny of circumstance into the freedom of the eternal', and is in effect the religious concept of redemption. One finds equivalent utterances from prominent scientists of our day; they say that they would seek for order in nature and that the guiding principle shall be that such an order is inevitable. The logical extension is that there is order in man's existence as a part of nature. It is here, however, that the threat of perceiving of man as being controlled by a 'tyranny of circumstances' becomes too great and the flight begins into the thesis of the special destiny of individual man. One can observe this in the as yet poorly defined struggle between the concepts of determinism and free-will in psycho-analysis.

Psycho-analysis has increased man's capacity for objectivity, but it would be extraordinarily naïve to assume that this increase has by any means exhausted man's capacity to delude himself, which I am holding is essential to his very existence, however mature he may be. Such a capacity may be said to represent a curtailment of function in some realms, which is undergone in the process of attaining maturity. In this sense, the delusional process I am describing is essential for the full integration of the individual. We have all been repeatedly impressed by the periodic exceptional insights of both the child and the psychotic. In both of these the integrative functions of the mature level are impaired. This impairment occurs in the former as the result of as yet limited development, in the latter as the result of disturbance in the integrative process. The mature individual gains in integrative capacity, but suffers another kind of loss.

It would appear that this loss has to do with a decrease in sensitivity, at an unconscious level, to unconscious motivations within himself and as he may experience them from others. I suspect that he sacrifices a measure of awareness in his urgency to abide by the demands of controlling his own inner impulses and the outer world. It is observable that wherever there is a gross disturbance of the integrative process there is, along with the striking insights, a quite as striking tendency to depart from the conduct performances which we describe as mature. In the mature adult there would seem to be a decreased capacity to communicate with one's own unconscious process or with the

unconscious process of another, as compared to the above-mentioned less integrated groups, but an increased capacity for organized conduct performances. Psycho-analysis proposes to explore the unconscious, but one need hardly assume that this could, in the most optimal of circumstances, extend far beyond the superficial level of the total unconscious process. This is tacitly assumed in the concept of the unconscious itself, since we predicate that the unconscious merges over into our biological selves.

In the child and the psychotic the 'delusory' system of one's special destiny and goal in living seems not to be nearly so well developed as in the genital character. They are therefore more apt to see the immediacy of any given situation, stripped of its trimmings. The story of *The Emperor's New Clothes*, by Hans Christian Andersen, is a typical case in point. They experience stress in social relations because they cannot enter into a tacit conspiracy with others as to the meaningfulness and purposefulness of living and of relatedness. In the fable the adults are allowed to engage in a conscious conspiracy; in actual living it is an unconscious conspiracy.

This poses an interesting phase of the problem of communication and of sublimation, since sublimation depends upon the thesis that it is, in and of itself, a personally meaningful thing to communicate with others. The variable forms of sublimation inevitably represent channels of communication to others and constitute means of maintaining relatedness with others at a higher level of integration than is true of more primitive forms of communication. I take the view that if sublimation is successful it makes for greater satisfaction, but I would question whether such channels of communication would be sought without an inner and blind sense of the meaningfulness of our existence. In the poor child-mother relationship, where faith is lacking, it may be observed how the infant feels little impulse to engage in an experience with another, even at the cost of essential nutrition. It is as if the biological fact and necessity of relatedness becomes, on the psychological level, the 'meaningfulness' of relatedness and communication. It suggests itself that these experiences are the precursors of our later sublimatory activities.

Freud proposed in *The Ego and the Id* (5) that sublimation may be intimately connected with identification. He derived this from the

fact that sublimations arising in childhood depend upon the presence of models; upon incentives supplied directly or indirectly by the environment. In the mature adult the capacity to carry out the process of sublimation is presumed to be greatly increased from the release of the energy of pregenital strivings. It appears to me that this is in itself not enough and that it is also necessary to work out means of communication, a function of the ego. This is a capacity based on identification and in learning. It is true that one cannot learn with one's energies preoccupied elsewhere, but, given all the energy there is, learning is not a process which must inevitably occur by that fact alone. Sublimation as a quality of the genital character is thus not an inevitable birthright, but something which may be attained if one can find sufficient channels of communication at this higher level of integration for the release of energies, given that they are available.

The thesis developed in this paper manifests itself very strikingly in the 'family romance' concept in psycho-analysis. While issue is not being taken here with its importance as a focal point in the development of emotional disorders, its extremely widespread character suggests that it may serve as one of the critical myths surrounding which man has been able to build up a construct of his own significance and meaningfulness. In this light the 'family romance' would represent not only an attempt to protect against the oedipal dilemma through phantasy production, but would represent an attempt to establish one's own uniqueness and to underwrite the special purposefulness of one's existence. It represents a central example of man's flight from the idea of an existence bound to biological necessity and without evident goal or meaning. One can observe this phenomenon even more clearly in the setting up of the ego ideal, in connection with which the values and ideals of man can be most clearly observed (1). Wherein this ideal functions adequately, it proposes principles which are not to be challenged. It represents a blind ethical system, and this blindness is not an incidental but an essential requirement for it to function adequately.

The concept of a personal myth as to one's historical and immediate role in life and its alteration in therapy represents a further illustration of this thesis. In some circles it is suggested that psycho-analysis frees one of the personal myth and allows one to deal with

'reality'. I would suggest that psycho-analysis cannot and must not do more than alter a malfunctioning personal myth in such fashion as to allow this myth to operate again in the manner in which it must if man is to function as an integrated unit. It would seem that the ego ideal, as we consciously experience it, is little more than the surface layer of an elaborate system of phantasies. Related to it, if not part of it, there is, in the mature adult, an extensive system of beliefs. These beliefs are not of what one would like to 'attain' but what one feels one 'is'. This constitutes a system which is carefully guarded by the integrated adult and is one of the essential secrets of his integration.

I should like to explore the concept of man's capacity to conceive of his existence as a personally meaningful experience from the standpoint of his peculiar capacity to attach himself in an almost indissoluble fashion to certain internal and external constellations which are experienced by him as objects. This was emphasized for me recently by a young married woman who heard that a young man, with whom she had had a most casual relationship some years before, had become engaged to be married. She had carried on a rather active phantasy life in which this man was included through the supervening years. Something seemed to threaten her choice of this young man as an object of her phantasies with her hearing of his engagement, and she reverted for a time to an old pattern of neurotic vomiting. Although she had no more and no less actual dealings with him, his suitability as an object of phantasy was disrupted. Although his role as a specific external object was very limited indeed, I would hesitate to look upon him as an internalized object of phantasy, exclusively, since he had also to meet certain requirements as an external object.

Man tends to require certain animate and inanimate objects around him, surrounding which he builds up an aura of security. This is a commonly observable phenomenon and that the concept of death is particularly inconceivable to man seems to depend, at one level of interpretation, upon the terrifying idea of the loss of the specific relationship to these particular 'objects'. Related to this need for 'objects' and illustrated in the above case, is the tendency to establish what we usually describe as 'phantasies' in connection with certain 'external objects'. We are inclined to see little

or no 'reality' in these relationships. However, one can fairly regularly observe that the 'object' invested with the phantasy is in itself a necessary thing. Further, one can observe that the person conducting the phantasy will undergo the symptoms of grief if for one reason or another the 'object' alters its character and interferes with the internal balance which made it a suitable 'object'.

I now feel it appropriate to return to the description of the genital character in order to inquire whether it can be defined in terms of the fate of the libido alone. I believe that the fate of the aggressive instinct plays a significant role in the setting up of character at a mature level and that certain little considered aspects of the genital character, which I have been attempting to develop in this paper, could best be understood as component parts of the aggressive instinct. This is consistent with the developing interest and inclination in psycho-analysis to offer the aggressive strivings a much more central role in the development of character. Hartmann-Kris-Loewenstein (7) thus state, 'We are inclined to consider the contribution of neutralized aggressive energy to the equipment of ego and superego to be at least as important as that of libido' and further on in the same article they say, 'The formation of a lasting object relationship not only depends on the fact that libidinal impulses must be inhibited and residual libido neutralized; we assume that similar requirements exist in the economy of aggression.' I have not been able to find any references to a re-definition of the genital character in the light of these more recent considerations.

The theory of the death instinct has had a less widespread acceptance among psycho-analysts than has any other theory which Freud introduced and maintained throughout his life. Freud seems to have been driven to postulate it because of the limits imposed by the previously extant thesis of the existence of libido as the only id instinct. This stemmed out of the more or less constant association in his patients of both libidinal and aggressive strivings and the evident need to recognize their equal weight in the production of emotional disorder. Neither libido without aggression nor aggressive instinct without libido appeared to offer a sufficient basis for the development of neurosis. It seems to depend upon a fusion of the two (4). To extend this, it seems that the fate of the aggressive instinct plays a significant role in the

setting up of character structure at a mature level and that certain little considered aspects of the genital character could best be understood as component parts of the aggressive instinct. I should wish to stress that this is not to deny the immensity of the contribution of the libido to the genital character but rather to add the aggressive strivings as an additional significant contributor.

The concept that there is within man, at an instinctual level, that which urges him to self-immolation is one from which man recoils. It perhaps represents the extent of Freud's courageousness that he could entertain the idea. It would appear to me that in his concept of the death instinct, Freud was attempting to come to grips with the far wider issue of man's objective state of being without regard for his individual preference for goal-directed, purposeful, self-determined performances. These later could be rationalized around his libidinal drives alone. A broader consideration of man insisted on the inclusion of his aggressive drives as well. This is brought out very clearly in Freud's essay, 'Why War?' in 1932 (6), where he states, 'In some happy corners of the earth, they say, where nature brings forth abundantly whatever man desires, there flourish races whose lives go gently by, unknowing of aggression and constraint. This I can hardly credit. I would like further details about these happy folk.'

As can be seen, man has great urgency to maintain his self-destructive impulses essentially outside of consciousness since they are profoundly threatening to his integrity. I feel it necessary to point out that I am not here making reference to the oft-times conscious goal-directed performances based in ethical and religious ideals which may be self-sacrificial in character. These are prone to be conscious and based in a profound faith in the purposes and aims of humanity or some segment of it. They represent rather the reverse of impulses to destruction, although admittedly they may have the same roots. While it is true that man experiences some peripheral awareness of his self-destructive impulses, I do not believe that he has any basic capacity to master them but must rather resort to repression. Such limited capacity as he has seems to be expended on rationalization rather than on true mastery, and man will and must continue to depend on a mythology of his significance and meaningfulness.

As has been noted from the description of the

genital character employed by Fenichel, no direct reference is there made to the fate of aggressiveness in the establishment of the genital character, although the usually expressed view is that the aggressiveness is libidized. It interests me, in connection with the limited role offered to aggression as a prime motivation in the process of human maturation, that the first and perhaps most critical 'object relationship' is commonly looked upon as having an intimate bond with the aggressive impulse as well as with the libido. I make reference of course to the infant's discovery of the breast and mother, and to their discovery as an object in the process of losing them, with the resultant mobilization of aggression in a first attempt, however feeble, at the mastery of an 'outside world'. If this represents the first laying down or, if you will, presentation of a pattern, it would suggest a primitive relationship of this aggressive impulse to all future relationships to objects and to the process of maturation.

Insofar as the clinical implications of this paper are concerned, the departure from the rigid self-not-self equation opens up possibilities for the more objective appraisal of functional units which may be composed of one, two, or a number of people. Heretofore it has been the custom for man, bound within the narrow vision of his concept of self, to envision behaviour perhaps too rigidly in terms of the interaction of one person with another person or persons. While this has been fruitful, it has imposed limitations upon the observational data since it has insisted upon maintaining the identity of the individual 'within' the pair or group. I would propose that the specific identity of the individual, as such, is not only 'impaired' in the child and in the psychotic, but that this 'impairment' must persist to a significant measure in all humans, however hidden it may be. This 'impairment' of the sense of self is by no means all destructive in character, since it makes for the sense of oneness of man among men; it gives man a sense of fitting into a mosaic in which he is an integral part. I cannot overemphasize the importance of this since it is unthinkable to man not to conceive of himself as participating in forming the mosaic.

I believe that the above concept has been in a measure employed, but it would be worth exposing it to a greater degree to the test of clinical experience. Children have numerous feelings, attitudes, and responses based upon a relatedness, not only to one or the other parent, but also to a parental complex, the mother-father unit. This has been much overlooked since it denies to each his identity and represents a threat, therefore, to our own individual identities. As can be seen, this thesis is based upon the threat to the sense of self through perceiving of oneself as merged with others as opposed to my earlier development of the threat to the sense of self through loss of object relations. Both represent potential sources of loss of the myth of one's identity and both must be defended against.

I have attempted to supply some of the theoretical substructure out of which we are in the habit of appraising the degree of maturity of our patients or of those who would be our patients. Certainly the degree and character of sexual development is one such means of appraisal. One hears, however, over and over again, that the most sensitive instrument of appraisal rests in the transference and that the resolution of the transference represents the final goal of treatment. I have attempted in this paper to postulate certain 'delusions' which present, as it were, a necessary operation, based in what we describe as faith, which are essential if man is to function as a mature being. What we describe as the resolution of the transference is not intended to include the dissolution of these beliefs, and they are necessary if man is to function at the 'genital' level. It would seem that the heretofore sharp delineation between the personality organization and functioning of the neurotic and the psychotic has been too rigid and that we have been prone to overlook or describe as dysfunction certain synthetic operations within the mature person which I perceive as constructive delusions. Finally, I have attempted to establish the relation between the 'object relationships' of the mature adult and their instinctual origins on a sounder theoretical basis through further substantiating the critical role of the aggressive instinct in man's strivings.

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ON CASTRATION ANXIETY¹

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In the libidinal development of the child, the castration complex plays a rôle secondary in importance only to the Oedipus complex, but as yet much of it is obscure and undelineated.

Almost all our knowledge of the masculine castration complex is contained in the works of Freud, according to whom it is the fusion of the following two circumstances which contribute most to its establishment:

- (1) Castration threat as a punishment for masturbation and bedwetting, and
- (2) The discovery of the female genital which lends reality to this threat.

'The boy enters the Oedipus phase; he begins to manipulate his penis, and simultaneously has phantasies of carrying out some sort of activity with it in relation to his mother; but at last, owing to the combined effect of a threat of castration and the spectacle of women's lack of a penis, he experiences the greatest trauma of his life, and this introduces the period of latency with all its attendant consequences.'²

Only one of these instances does not seem to have the same severely traumatic effect:

'In the course of these investigations [of sexual curiosity—M.W.] the child makes the discovery that the penis is not one of the possessions common to all creatures who are like himself. The accidental sight of the genitals of a little sister or a little playmate is the occasion of this. . . . We know how they [the boys] react to their first perception of the absence of the penis. They deny its absence, and believe they do see a penis all the same; the discrepancy between what they see and they imagine is glossed over by the idea that the penis is still small and will grow; gradually they come to the conclusion, so fraught with emotion, that at least it had been there and had at some time been taken away. The absence of the penis is thought to be the result of a castration and then the child is faced with the task of dealing with the thought of a castration in relation to himself.'³

And then we read in 'The Passing of the

Oedipus Complex':

'When the [male] child's interest turns to his genital organ, he betrays this by handling it frequently, and then he is bound to discover that grown-up people do not approve of this activity. More or less plainly and more or less brutally the threat is uttered that this highly valued part of him will be taken away. Usually it is from women that the threat emanates; very often they seek to strengthen their authority by referring to the father or the doctor, who, as they assure the child, will carry out the punishment. In a number of cases women will themselves modify the threat in a symbolic manner by warning the child that this actively sinning hand will be removed, instead of his genital, which is after all passive. It happens particularly often that the little boy is threatened in this way not because he plays with his penis with his hand, but because he wets his bed every night and is not to be induced to learn cleanliness. . . .

'Now the view we hold is that the phallic stage of the genital organization succumbs to this threat of castration. But not immediately, and not without the assistance of further influences. For to begin with the boy does not believe in the threat, nor obey it in the least. . . . Not until yet another experience comes its way does the child begin to reckon with the possibility of being castrated, and then only hesitatingly, unwillingly, and not without efforts to depreciate the significance of what it has itself observed.

'The observation that finally breaks down the child's unbelief is the sight of the female genitalia. Some day or other it happens that the child whose own penis is such a proud possession obtains a sight of the genital parts of a little girl; he must then become convinced of the absence of a penis in a creature so like himself. With this, however, the loss of his own penis becomes imaginable, and the threat of castration achieves its delayed effect.'⁴

As can be seen from the foregoing, Freud's views on this question are by no means straightforward. In the first case he describes the boy's denial of the lack of a penis in the woman and how, in phantasy, he clings to this belief. Only

tion of the Libido' (1923), *Collected Papers*, Vol. II, pp. 246-7.

⁴ Sigmund Freud: 'The Passing of the Oedipus Complex' (1924), *ibid.*, pp. 270-2.

¹ Translated by Sara Kurt, London:

² Sigmund Freud: *An Outline of Psycho-Analysis*, Chap. III, p. 13.

³ Sigmund Freud: 'The Infantile Genital Organiza-

a later castration threat arouses the fear of the real loss of the penis, and with it castration anxiety sets in. In the second case the position is reversed. The castration threat is denied and only observations of the lack of a penis in the woman are regarded as confirmation of possible castration; hence the traumatic effect. Yet it is hard to imagine how this, at first, ineffectual threat, in spite of later reactivation by actual observation, can become 'the greatest trauma of one's life'.

Freud did not miss the uncertainty of this exposition. He found that the castration complex also develops where no threat has, in fact, been administered. He therefore considered other anxiety-arousing factors, and drew attention to the contribution of Ferenczi, who 'traced back the mythological symbol of loathing—the head of Medusa—to the impression made by the female genitals devoid of a penis'.⁵ And in his book *Moses and Monotheism* Freud speaks of 'an archaic heritage':

'The first and most certain answer is that it consists in certain dispositions, such as all living beings possess; that is to say, in the ability and tendency to follow a certain direction of development, and to react in a particular way to certain excitations, impressions and stimuli. Since experience shows that individuals differ in this respect, our archaic inheritance includes these differences; they represent what is recognized as the constitutional element in the individual. . . . First of all there is the universality of speech symbolism. . . . In studying reactions to early traumata we often find to our surprise that *they do not keep strictly to what the individual himself has experienced* [italics mine—M.W.] but deviate from this in a way that would accord much better with their being reactions to genetic events and in general can be explained through the influence of such. The behaviour of a neurotic child to his parents when under the influence of the Oedipus and castration complex is very rich in such reactions which seem unreasonable in the individual and can only be understood phylogenetically, in relation to the experiences of earlier generations' (pp. 157–9).

It has been suggested in psycho-analytic literature that forerunners of the castration complex can be found in the child's separation from his mother's breast at the weaning stage and later, when he is faced with separation from his faeces in the course of habit-training.⁶ Freud, however, reserves the term 'castration com-

plex' to denote anxiety in relation to the loss of the genital organ only.

We are well acquainted with other infantile fears which are experienced as castration anxiety by the child or which are later on construed as such; fear of hair or nail cutting, anxiety related to tonsillectomy, appendicectomy, or some other minor operation which, in the analysis of adult patients, where they are invariably associated with the castration complex, can be traced back to the earliest years, from about the third year. (I have certain cases in mind here.)

* When these traumatic experiences are reactivated in the analysis, they are often characterized by an attack of acute anxiety accompanied by feelings of dejection and utter helplessness. This experience is very similar to the emotional state of the child who has been left by his loving and protecting mother and finds himself at the mercy of strangers. The common feature of these cases is the fear of being separated from the love object, and in 'Inhibitions, Symptoms, and Anxiety', Freud refers to castration anxiety as 'separation anxiety'.

But how does separation anxiety change into castration anxiety?

As we have seen before, Freud attributes this change to reality situations, namely to the castration threat and the discovery of the girl's lack of a penis. Now the castration threat does not always appear to be present and observation of the female genitalia alone does not seem to suffice, since the child was shown to react to it with denial and the phantasy of a penis which will yet grow. Finally, even the concept of the 'phylogenetic heritage' does not seem to explain the emergence of so severe an anxiety at a certain age. And yet, the child in the phallic phase shows undoubted sensitivity to the possible loss of the phallus, which Freud attributes to the overvaluation of the penis in the phallic phase. But this does not yet explain the route this transformation of separation into castration anxiety takes; nor does it explain the selection of a particular developmental phase for this transformation.

Perhaps we shall understand this process better when we investigate the emotional state of the child at the height of his castration anxiety, which occurs in the phallic phase when the Oedipus complex is fully developed and its

⁵ Sigmund Freud: 'The Infantile Genital Organization' (1923), *ibid.*, p. 247.

⁶ 'Der Kastrationskomplex' von August Stürke,

Int. Z. f. Psch. 7; also Lou Andreas-Salome, F. Alexander and others.

eradication becomes necessary for biological and social reasons. Freud states:

'But it is not yet clear to us what occasions its [the Oedipus complex—M.W.] decay; analyses seem to show that the painful disappointments experienced brings this about. . . . Even when no special events, such as those mentioned, occur, the absence of the hoped-for gratification, the continual frustration of the wish for a child, causes the lovelorn little one to turn from its hopeless longing. According to this, the Oedipus-complex becomes extinguished by its lack of success, the result of its inherent impossibility.

'Another view would put it that the Oedipus-complex must come to an end because the time has come for its dissolution, just as the milk teeth fall out when the permanent ones begin to press forward. Although the majority of children pass through the Oedipus-complex, yet after all it is a phenomenon determined and laid down for him by heredity, and must decline according to schedule when the next pre-ordained stage of development arrives.

'One cannot dispute the justice of both these views. They are compatible with each other, moreover, there is room for the ontogenetic alongside the more far-reaching phylogenetic one. . . . Yet after all it is of interest to follow up the way in which the innate schedule is worked out, the way in which accidental noxae exploit the disposition.'

We know what inner conflicts and emotional battles the child is faced with in his struggle to find a solution to the Oedipus complex. All kinds of pathological manifestations can be observed. The most important are severe fears and anxieties, phobias, depressions, irritability, and aggressive outbursts which are characteristic of earlier phases of development. Fundamentally, these are separation anxiety. Under the pressure of inner and outer circumstances, the child has to give up his love object, in spite of anxiety—separation anxiety—which has to be overcome. How is this achieved?

(i) The boy's first phallic-sadistic strivings are directed towards his mother. Even though sternly rejected, they lead to infantile incestuous phantasies and to masturbation. Under the pressure of inevitable rejection of these incestuous drives, the little boy begins to keep his sexual experiences, as well as masturbation, to himself. Even where no prohibition of masturbation or castration threat has occurred, the child reacts in a similar manner. Guilt feelings, emanating from the growing super-ego, make their appearance. Repression of these incestuous drives occurs not only from external

compulsion, but from inner necessity, because the child cannot, nor does he wish to, renounce the mother's love. The child's ego reacts as it did to earlier prohibitions, e.g. during cleanliness training. Fear of loss of love, or separation anxiety, are thus primary forces in repressing erotic impulses towards the mother. In order to safeguard the positive relationship to her, the mother, as the sexual object, is given up.

Such is the way to the first and most important sublimation. It seems self-evident to the child that punishment will be directed towards that part of the body which has committed the offence. And when the seductive organ is the penis which can arouse such pleasurable sensations with the aid of masturbation, it seems natural that fear of punishment will be shifted on to the penis. If the forbidden activity is continued, punishment will take the form of the loss or castration of the organ. Under these circumstances, the 'merest hint', or simply the discovery of the penisless woman, suffices to arouse castration anxiety. In this way, fear of separation from the mother can change into castration anxiety—even in those cases where castration has not been threatened. The phantasy of the danger of castration can thus emerge regardless of any influences from outside; solely from inner emotional causes.

This means that one can no longer regard castration anxiety as a reality anxiety. It develops from within, not yet as a result of pressure from the super-ego, but because the ego fears the loss of the object; rather like the neurotic symptom of the pre-oedipal phases. Castration anxiety is therefore separation anxiety displaced onto the penis, whence it now appears very like a neurotic symptom, with the structure of a phobia.

(ii) If this assumption is correct, the statement that the Oedipus complex succumbs to the threat of castration can no longer be upheld in its original connotation. It is far more likely that Freud's original assumption, that the ontological and phylogenetic influences on the emotional development of the child bring about the inevitable decay of the Oedipus complex, is correct. Hence the castration complex develops as a result of the displacement of separation anxiety onto the penis. Therefore, separation anxiety which withstood the dissolution of the Oedipus complex now reappears crystallized as castration anxiety, and thus it enables the onto-

⁷ Sigmund Freud: 'The Passing of the Oedipus Complex' (1924), *Collected Papers*, Vol. II, pp. 259-70.

and phylogenetically necessary dissolution of the Oedipus complex.

(iii) Freud doubts whether repression is due only to castration anxiety, which does not exist in women:

'Furthermore, is it absolutely certain that fear of castration is the only motive force of repression or defence? If we think of neuroses in women we are bound to doubt it. For though we can with certainty establish in them the presence of a castration complex, we can hardly speak with propriety of castration anxiety where castration has already taken place.'⁸

We shall see later on that this view cannot be upheld if we are correct in regarding the castration complex as a phobia, since it then can also be detected in women.

(iv) By displacement of the original separation anxiety onto a new psychic content—the imagined loss of the penis—castration anxiety develops. This shift of a fear onto a new content is, as we know, the typical mechanism of a phobia. The castration complex takes on the structure of a phobia and with it becomes the first symptom of an eventual neurosis, although a neurosis need not, of course, necessarily develop. It really depends on whether the primary separation anxiety has been successfully overcome, or, to put it differently, if the dissolution of the Oedipus complex has taken place. Otherwise, separation from a love object in later years will be a constant source of castration anxiety. We well know the consequences from the analyses of adults: a disturbance of sex-life—constant dissatisfaction—neurosis.

Castration anxiety in women is a much more complicated problem which has preoccupied many authors. Freud's three papers ('Some Psychological Consequences of the Anatomical Distinction Between the Sexes'; 'Female Sexuality'; and 'The Psychology of Women' (*Collected Papers*, Vol. III—German edition), as well as Karl Abraham, Franz Alexander, Helene Deutsch, Horney, Van Ophuijsen, Ernest Jones, Fenichel, and others, have contributed to this problem.

'The discovery of her castration is a turning point in the life of the girl. Three lines of development diverge from it; one leads to sexual inhibition or to neurosis, the second to a modification of character in the sense of a masculinity complex, and

the third to normal femininity. We have learned a good deal, though not everything, about all three. The fundamental content of the first is that the little girl, who has hitherto lived a masculine life, and has been able to obtain pleasure through the excitation of her clitoris, and has connected this behaviour with the sexual wishes (often of an active character) which she has directed towards her mother, finds her enjoyment of phallic sexuality spoilt by the influence of penis envy. She is wounded in her self-love by the unfavourable comparison with the boy who is so much better equipped, and therefore gives up the masturbatory satisfaction which she obtained from her clitoris, repudiates her love towards her mother, and at the same time often represses a good deal of her sexual impulses in general.'⁹

Freud placed this whole process into the phallic phase and suggested that the little girl reacts to her lack of the male organ with penis envy, though not with anxiety. He excludes anxiety '... For though we can with certainty establish in them (women) the presence of a castration complex, we can hardly speak with propriety of castration anxiety where castration has already taken place.'¹⁰

According to my experience, castration anxiety can be observed in small girls even in pre-oedipal phases. Having discovered their own lack of a penis, they believe themselves to have been castrated and react with severe anxiety. This phantasy did not emerge in relation to a castration threat, but it is the result of the infantile belief that all human beings must possess a penis. If they do not have it, they argue, it must have been cut off as a punishment for masturbation. I should like to cite the following example, for which I am grateful to Dr. Rosenfelder:¹¹

The mother of a little girl aged two years three months told the following story.

For some months now, the child will not let her mother leave at bedtime. She reacts to this separation with hysterical crying which can go on for hours. She says she is afraid of dogs and of the barking of jackasses (the child lives in a communal settlement in the country). One night she ran out of the children's-house into her parents' room and refused to return to the children's house. Ever since she has slept in the parental bedroom. . . . Each time the mother tries to take her back, apparently asleep, the little girl wakes trembling and crying, 'The dog has bitten off my wee-wee.'

This worry about her genital began about four

⁸ Sigmund Freud: *Inhibitions, Symptoms and Anxiety* (1936), p. 81.

⁹ Sigmund Freud: 'The Psychology of Women', *New Introductory Lectures*, p. 162.

¹⁰ Sigmund Freud: *Inhibitions, Symptoms and Anxiety* (1936), p. 81.

¹¹ I do not, of course, rely on this one case alone, but I have had similar cases of the same age-group.—M. W.

months ago, when she was one year eleven months old. It was particularly noticeable at bath-time when she treated her genital just like an object, with great care and affection. She would say, 'Ofrah is washing her wee-wee, the wee-wee is pretty and clean, Ofrah's wee-wee!' Precious objects, such as sweets and toys, would be slipped into her knickers near her genital. The discovery of her own lack of a penis had aroused her anxiety which was accompanied by the phantasy that it had been taken from her, that the dog, or the jackass, had bitten it off. From the child's behaviour it is perfectly clear that it is the fear of separating from her mother which has been transformed into castration anxiety. As long as the mother is present, the disappearance of her wee-wee does not worry her. This child has developed a castration-phobia.

We see quite a different picture in the phallic phase: As Freud tells us, the child, after the discovery of her own lack of a penis, gives up masturbation of the clitoris. The reason for this, Freud says (in 'Some Psychological Consequences of the Anatomical Distinction between the Sexes') can be found in the narcissistic injury she receives in connection with penis envy, which puts a stop to her competition with the boy. The acceptance of the anatomical difference between the sexes leads her away from masculine sexuality, into feminine channels.

Elsewhere Freud adds:

'Where penis envy has aroused a strong impulse against clitoral masturbation but where the latter will not give way, there follows a fierce battle for freedom in which the girl herself takes over, as it were, the rôle of the mother whom she has set aside, and expresses her whole dissatisfaction with the inferior clitoris by striving against the gratification derived from it.'¹²

Without detracting from Freud's exposition, I believe that the phantasy of castration as a punishment for masturbation is a most important factor in the repression of further clitoral masturbation and in forcing the little girl into (feminine) passivity and fear of any further sexual activity. The resulting disturbance of her sexual development and future sex-life can be most far-reaching. Normally, the girl turns away from her mother, whom she blames for her castration; penis envy emerges and finally she turns to her father when she substitutes the wish for a child from him for the wish for a penis. In those cases of which we speak here, this normal development has been gravely disturbed.

I should like to cite here the dream of a woman patient who, from early childhood, has suffered from a severe obsessional neurosis:

'I am walking down the street. In one hand I am carrying a beautiful new handbag, in the other a parcel of dirty washing which I am taking to the laundry. Suddenly I realize that I have lost everything. In complete despair, I search for my things until I eventually find them. The bag has been completely squashed into little folds, but is undamaged. I am afraid that there might have been some secrets in the bag which are now known to all and sundry.'

Associations: 'The bag was round and reminds me of the testicles.' The patient was well acquainted with the male genital from early childhood. She had played sexual games with her older brother and she remembered that his testicles made the greatest impression upon her and aroused her envy. The loss of the bag means castration—she has an image of a horrid, open and bleeding wound. This phantasy had been confirmed by her mother who had constantly told her to be careful and neither to touch herself nor allow anyone else to touch her, lest a great misfortune should befall her. The mother was thinking of the possible damage to the hymen, but the patient believed that the danger might emanate from this terrible wound which must not be touched, dirtied, etc. 'All my life I have had this fear of the terrible and dangerous wound down below, and even now I am not quite free of it.' A woman in her middle thirties and the mother of a four-year-old daughter, she has to wash her hands thoroughly before she goes to the lavatory, in case her dirty hand might accidentally come in contact with her genital.

She does find her bag, but it is 'squashed into tiny folds or wrinkles'. She had held the infantile belief that her testicles had been squashed and were in fact the 'folds' she now had (the labia). As a child she had tried to smooth them down with her hand so so to hide the hole. She was sure to be the only one with a hole and believed that other girls were quite 'smooth' down there. One of her obsessive thoughts in adulthood was her fear of getting wrinkles in her face.

The fear that her secrets might be detected is the fear of being found out masturbating. The patient had unsuccessfully fought against it. One of her constant anxieties was lest she should be found out, especially by her mother. Moreover, she was afraid of having damaged herself by masturbation, and the slightest genital secretion caused her anxiety. Hence the 'dirty washing' which she takes to the laundry in her dream. She was petrified whenever she found the slightest stain on her underwear, which she examined closely.

¹² Sigmund Freud: 'The Psychology of Women', *New Introductory Lectures*, p. 164.

The patient's whole life was under this spell of having been castrated, and it naturally interfered with her sexual satisfaction. She is still frigid, afraid of 'emissions' and of the penis which 'might damage or tear something down there', etc. This belief had the structure of a phobia—a castration phobia.

Karl Abraham brilliantly described the castration complex of the woman. Although he does not mention the term 'castration anxiety', its existence is implied in the context:

'... for a woman's life gives cause enough to render the overcoming of the castration complex difficult. We refer to those factors which keep recalling to her memory the "castration" of woman. The primary idea of the "wound" is re-animated by the impression created by the first and each succeeding menstruation, and then once again by defloration; for both processes are connected with loss of blood and thus resemble an injury. A girl need not have experienced either of these events; as she begins to grow up, the very idea of being subjected to them in the future has the same effect on her. And we can readily understand from the standpoint of the typical infantile sexual theories that delivery (or childbirth) is also conceived of in a similar manner in the phantasies of young girls.'¹³

Abraham does not mention the term 'anxiety', but every psycho-analyst has occasion to study cases of this kind, since they are quite common among neurotic women. He knows that they suffer from anxiety at their first menstruation. Instead of pride they show fear and distress. Fear of defloration may be so great that they cannot bear a man to be physically near them. I saw a case recently in which this anxiety led to separation from a beloved husband. Fear is engendered by the thought of pregnancy, and in confinement can paralyse the woman to such a degree that all co-operation is impossible. Curiously enough, I have observed that the fear of orgasm is also connected with masturbation.

Other similar observations can be added which all have their roots in castration anxiety, or where castration anxiety has at least been an important contributory factor. Fear of emission, as well as fear of expulsion of the penis, can lead to vaginismus. Another fear of the penis might be associated with masochistic tendencies which then produce phantasies of rape. These women sometimes live in constant fear of the man—the attacker—and un-

consciously their abdomen is kept rigid. They suffer from various menstrual disorders. The rigidity can be shifted onto the rectum and anus with resultant constipation, or bladder disorders. Once this has been pointed out to these women, they can themselves observe the abdominal tension and partly avoid it. A woman patient brought the following dream:

'I find myself in hospital where an unknown doctor and patient come towards me. The patient points to her mouth and says, "Look what the doctor has done to me; he has not only extracted all my teeth, but he has used the anaesthetic to drill an enormous hole into my jaw, against my will." I am afraid and disgusted as I look into a deep, bleeding hole in her jaw. I want to insert my finger into it, I do so—and I wake up.'

Already during her recital, the patient gets excited, and she remembers the following frightening incident which occurred in early childhood:

She is in the Dolomites, where she goes for a walk with her father. Suddenly she watches her father hit a tortoise with his stick. The tail breaks off, and both the tail and the body of the tortoise are alive and move away in opposite directions. She describes her horror and how she burst into tears and refused to pass this way again in case she should come across the tailless creature or the live tail.

The patient understood that this infantile anxiety was castration anxiety, and she brought a second memory:

It was strictly forbidden to open the door of her father's surgery while he was examining patients. Once a small boy she knew visited the surgery. She heard the boy cry and was curious to know what her father was doing to him. She 'forgot' the prohibition and opened the door. She saw that her father was manipulating the little boy's penis, and she fainted. 'Now,' the patient adds, 'I understand the reason for this shock. I thought, "Now Father is cutting off the boy what he has already cut off me." I soon learnt what my father had really done to the little boy. It was explained to me that boys who were not circumcised often had pains in their penis which could be relieved by a doctor. At this time I decided it was unpleasant to be a boy and I by far preferred to be a girl.'

Some time later the patient brings another dream: 'I find myself at my parents' home. A guard stands before a half-opened door and says, "It is prohibited to enter here." Nevertheless, I look through the opening and catch a glimpse of a large, wardrobe-like chest. Wires and ropes are attached to it, and it is dark and full of secrets. The guard's remark, "You will find a box like that in the middle of any house" seems to me full of hidden and

¹³ Karl Abraham: 'The Female Castration Complex', *Selected Papers*, 1949.

frightening meaning. I look around and the guard has disappeared. I quickly open the forbidden door¹⁴ and walk in. At that moment, a red light goes on in the box and reflects onto a transparent bowl which is thus bathed in a reddish glow. It is such a glorious spectacle that my whole body trembles with pleasure. I think this is the Holy Grail, and it is in my home! I can hardly breathe for the joy of it, when I notice the unpleasant smell of electricity which emanates from the box. Horrified, I suddenly remember the prohibition, for I now know that this smell is deadly and if I continue to breathe it in, I shall die. But the red bowl still glows so magically that I cannot leave. I must remain where I am and watch. For one instant I feel both wonder and deathly fear, so that I do not know whether it is joy or fear which takes away my breath. Then, suddenly, I am overwhelmed with anxiety. The deathly fumes bear down upon me, my heart beats more slowly, one more second and I shall suffocate. I manage to pull open the bottom drawer of the box from which I gather some apparently beautiful objects, as a reminder of the wonderful joy I had experienced. Hardly able to breathe, I stumble to the door and, as I turn to leave, I find that the box is dark and ordinary as before. Completely exhausted, I throw myself onto the couch, and as I examine the objects I had brought with me, I find that they are all broken. I feel sad and dispirited.

The patient associates to the wardrobe-like box which is dark and secretive. At first she thinks of the lift (*Fahrstuhl*), then of the female genital. Thus the guard's remark, 'Such a box can be found in the middle of any house' now becomes clear, for 'house' equals 'woman'. Thinking of the guard, she associates her father. The prohibition of entrance is the prohibition to masturbate. As soon as the father-guard has left, she begins to masturbate, however, and she gets pleasurably excited (the red light in the box). The flaming-red Holy Grail is the stimulated vagina which is so beautiful that the pleasure penetrates her whole body—she experiences orgasm. She is frightened (realizing the bad electricity odour—electricity stands for orgasm) and is reminded of the father's prohibition. Her fear of death destroys all joy and pleasure. The objects which had seemed so beautiful turn out, on inspection, to be nothing but broken remnants—a reference to castration as a consequence of masturbation. . . . Some time later, the patient brings yet another short dream: 'She has two scars on either side of her stomach'.

She associates: As a three-year-old she had suffered from infected throat glands and was operated on. Her mother happened to be ill at the same time, so that her father took her into the mountains to recuperate. He looked after her with love and affection, and she remembered this journey

as one of the happiest times in her life. On returning home, father and mother were very close—'He was always at one with Mother'—and she remembers that he repeatedly chastised her for soiling her bed. The patient can herself interpret this dream: One of the scars is displaced from the throat operation, the other is due to castration. In this case, too, the operation at the age of three was identified with castration.

This patient began to have sexual intercourse at the age of twenty-one. She rationalized her tremendous anxiety as being due to fear of pregnancy, since she was not then married. In spite of taking all possible precautions, coitus was unpleasurable because so fraught with anxiety. The old symptom of constipation recurred until her marriage, when both the constipation and the anxiety attacks decreased. However, sexual intercourse remained unsatisfactory.

About twelve years ago, she spent a holiday in the mountains. Instead of taking care of herself, since she was pregnant, she undertook strenuous tours which ended in a miscarriage. Since then she has again suffered from severe constipation and accompanying pains. Treatment remained without effect. The specialists were of the opinion that she was suffering from a constitutional and untreatable constipation. In her analysis we saw that her whole abdomen was kept in constant tension and rigidity, which was connected with unconscious anxiety. As the anxiety increased, so did the tension and pain in her abdomen. This was especially marked when she was in company, where she gave the impression of a reserved, tense, and unbending person. Increased tension brought with it constipation and pains. The analysis showed that this complaint was a displacement from the genitals—a direct continuation of castration anxiety—which freed the genital organs and made sexual intercourse possible. It is worthy of mention that the analysis of the castration anxiety brought an end to this painful constipation.

One often meets other, similar cases, though not all are as clear and instructive as this one. They seem to prove that castration anxiety in women does exist. We can see quite clearly that in the small child, fear of separation from the mother is closely linked with castration anxiety. The example I brought was based on observation only—yet it was enough to show that it was separation anxiety related to the mother which had been displaced onto castration anxiety and thus created a phobia.

The case of the adult patient seems to be just as clear, though it was of course not possible to bring all the supporting material. Most important here is 'the dream of the scars'. It leads us back to infancy, 'the happiest days of her life' when, after her glandular operation, she lived alone with her loving and affectionate father. On her mother's

¹⁴ This is clearly a reference to the memory of the little boy in the surgery.

return, he once more applied himself to his work and left the child to the care of the unloved mother. The little girl's disappointment was increased by the father's punishment for soiling her bed, of which he had been told by the mother. The child felt lonely and rejected by her beloved father, who was 'at one' with her mother. Separation anxiety was transformed into fear of castration by the angry, punishing father, who, in her phantasy, appeared as the castrator.

The patient brought a curious memory in relation to 'the dream of the handbag'. While she had a negativistic relationship to her strict and undemonstrative mother, she greatly loved her father who, in his turn, was very fond of her. It seems that whenever he could spare the time, he would take his small daughter into his bed in the morning where they played together. The mother was said to have protested: 'You might harm the child.' The patient believed this warning to mean that the father might seduce her. In view of the patient's petit-bourgeois, orthodox background this memory is probably a cover memory, hiding the wish to be seduced and castrated by her father. Here, as in the other case, the patient's ideal of the male partner was that of the seducer and attacker.

As I pointed out earlier, once this patient had become aware of castration, she decided 'it was unpleasant to be a boy and (she) by far preferred to be a girl'.

It is quite true that penis envy could not be observed either in this or in the analysis of the other patient. The wish to have a child also did not loom very large in the analysis of this patient, although she became a devoted and affectionate mother. But she seemed satisfied with one child.

The birth of a baby came as a great shock to the second patient, who subsequently developed a severe obsessional neurosis. The first symptoms had already appeared during pregnancy, though not until the actual birth of the child did the neurosis become properly established. The main content concerned the mother's ambivalence towards the baby, her unconscious hatred and wish to destroy the child. Only when she had overcome her castration anxiety in the analysis was she able to experience orgasm, and later on the wish for a second child emerged. The analysis was terminated after a successful pregnancy and delivery of a greatly welcomed and loved baby.

In both cases castration anxiety—as well as separation anxiety—had been transferred from the mother on to the father. In their phantasy, as well as in reality later in life, the man appeared as seducer and attacker (castrator) to whom the women felt nevertheless masochistically attracted. This was, of course, a repetition of the incestuous relationship to the father, for at first both little girls were affectionately tied to him. As we can

see from the above example, he only turned into a castrator and attacker, after the emergence of castration anxiety.

It is interesting that Freud too links castration anxiety with separation anxiety:

'Here anxiety seems to be a reaction to the felt loss of the object; and one is at once reminded of the fear that castration anxiety, too, is a fear of being separated from a highly valued object...'¹⁵

We therefore come to the conclusion that in the girl, too, castration anxiety does exist. It has the same psychological structure as in the boy; an anxiety arousing phantasy of castration, which in the case of the girl has already taken place. The structure is that of a phobia. The lack of the penis does not in the least contradict the castration anxiety; on the contrary, it strengthens and confirms the girl's castration phantasy: 'I have no penis because it has been cut off'. This again is proof of the danger of masturbation or any touching of the genitals. Therefore, fear of masturbation is especially strong in girls.

The castration complex and more especially castration anxiety can be found in both sexes. It is no reality fear, but a castration phantasy which develops in typical fashion in the phallic phase, both for biological and social reasons, and then leads to an anxiety-laden castration phobia. Quite frequently it takes on the external form of a phobia, 'The horse (Little Hans), the wolf (The Wolfman), the dog or jackass, will bite off my penis', or, in the case of the girl, 'he has already done so and given me a terrible wound'.

The phallic phase is the stage of phobic manifestations *par excellence*, and this, as well as many other phobias, then makes its appearance. This phobia emerges in connection with the conflicts of the Oedipus complex and their dissolution. It has the same affective root as other phobias, namely separation anxiety.

So far we see the similarity with other phobias. But these are the differences which give this phobia its special place and meaning.

This phobia does not bring about an easing or partial 'neurotic' solution of the conflicts, as do the others, which transfer the fear from the incestuous object onto an indifferent object outside which enables the patient to retain the incestuous object. The castration phobia works against separation anxiety and creates the dilemma: 'To face the loss of the object or

¹⁵ Sigmund Freud: *Inhibitions, Symptoms and Anxiety* (1936), p. 106.

castration". At the same time it helps to overcome separation anxiety which, with the help of 'displacement', is absorbed and thus contributes to the giving up of the incestuous objects, which is its biological function.

In the case of the girl, castration phobia, as described above, can become so severe that it brings about the immediate renunciation of the incestuous object as well as that of masturbation. Furthermore, it can lead to strong masochistic tendencies which interfere with her life, making it more difficult or even impossible.

APPENDIX

An Illustrative Case of Feminine Castration Anxiety in a Little Girl

Lika W., about three years old now, is an intelligent but difficult child. She has a feeding disturbance and vomits easily, often, it seems, to provoke her mother. . . . 'If you don't give me what I want, I'll be sick.'

Lika was about eighteen months old when her first fears emerged, though these were quite usual for her age.

Her mother took Lika regularly to be examined by a pediatrician. Since there was always a busy attendance, the efficient but brusque doctor had little time to spend on each baby, so that Lika was often handled energetically, and sometimes roughly. When she cried and kicked in protest, the doctor only gripped her the more firmly and sometimes got angry, shouting at her, even slapping her lightly. In spite of Lika's resistance, these weekly or bi-weekly visits continued until, at about one year, she began to cry as soon as she approached the doctor's surgery, and the medical examination had often to be given up because of her violent attacks of screaming.

As soon as the mother, who was in analysis with me, told me of these visits, they were stopped on my advice. But it was already too late, for the fear of the doctor had developed into an established phobia. On catching sight of someone in a white coat or apron, or carrying a small leather case, she began to tremble with fear, and to kick and scream, 'No doto, no doto', one of the first words she was able to speak. One day she overheard her mother referring to a doctor on the telephone and at once began to cry, 'No doto! No doto!'

On leaving her own home, she refused to turn left in the direction of the surgery, and would not enter a strange house, crying, 'Doto. Doto.' By means of displacement she defended herself against the anxiety-arousing image of 'doctor'; a similar mechanism can be found in anxiety hysteria. It took the mother many months to convince her that they were not visiting the doctor. However, by about the age of two, she had overcome this phobia of doctors with the help of her dolls, on whom

she visited all those unpleasant experiences she herself had had to endure. She constantly threatened to punish them for their naughty behaviour, their refusal to eat and for vomiting their food, by taking them to 'see the doctor, where they invariably arrived, nevertheless. She herself would examine them thoroughly and treat them as she felt she had been treated.

I have recalled this incident because it is in no way unusual. There are probably very few young children who have not at one time or another passed through similar experiences. Adults and parents are quite unaware of their traumatic effect on these small children, and even to-day one can meet pediatricians who really believe that this is the most 'healthy' way to treat them. The third and most important aspect of this story will be considered later on.

Lika was about two years eight months old when she surprised her father while he was dressing. 'Daddy,' she cried, horrified, 'You've got a tail on your bottom.' A four-year-old little boy visited her a few days later. She insisted on accompanying him to the lavatory. Next day she demanded of her mother, 'Show me the tail on your bottom.' She fell upon her mother, tried to tear down her clothes, shouting, 'I want to see the tail on your bottom.' The relationship to her mother changed suddenly. She became obstinate, wilful, and had outbursts of rage and temper, while she appeared more loving and affectionate towards her father, in whom she showed more interest than she had done hitherto. A few days later she received a slight injury to her finger. In response to her screams, her mother rushed into the room where she found Lika trembling with fear, holding the injured finger in her left hand, crying, 'Blood, wound, wound.' Her mother asked to see it, but the child could not be persuaded to let go of her finger. It could only be examined after two hours, when Lika had calmed down. The skin was only slightly grazed. Nevertheless, the child continued to hold her finger and repeat, obviously very worried, 'Wound, wound, blood.' At the same time the mother noticed that the child touched her genital and tried to push various objects into it. The fear of the wound soon developed into a real phobia. The hitherto lively and cheerful girl became inhibited in her movements, feared to climb and jump in case she might hurt herself. She would not go near the gate where she had once knocked herself, explaining, 'Wound . . . blood.'

The slightest injury to another person would arouse her anxiety. One day she noticed that her father's nose was slightly scratched. She ran away, horrified, 'Daddy, wound on his nose.' If she saw a minor hurt on another child in the park, she called, 'Wound . . . wound . . . blood', and would not budge from her mother's side. The sight of a little boy who had two fingers missing frightened her greatly. Once again she would not eat, vomited

frequently, and was restless at night. She woke early in the morning and refused to go to bed during the day. She awoke in bad humour, cried easily, grizzled all day, and threw a temper at the slightest provocation. She hit her mother as well as other children, refused to play, and tore or destroyed whatever she could lay her hands on. She was obviously in a neurotic state.

The worst was yet to come, however. Lika had a small abscess in her mouth and one day, playing in the garden, she ran to her mother, her mouth full of sand. Here the mother committed a grave error. She scolded the child severely for putting sand into her mouth when she had already an abscess. From that moment Lika refused to eat altogether. As soon as she caught sight of food, she firmly closed her mouth, shook her head, and only whispered in reply to her mother's entreaties, 'Wound, wound.' At first she only drank water or cold sweet tea; after a few days she took cocoa and fruit juice. When she found she had taken a grape into her mouth she quickly spat it out with the words, 'Pips . . . wound.' She became so weak that she herself asked to be put to bed during the day, a thing unheard of when she was well. A few days later she could be persuaded to take small quantities of mashed food which she chewed carefully, but refused to swallow, spitting it out with the comment, 'Wound.' The abscess had of course healed long ago. She was especially afraid of any pips, which she always spat out immediately, along with everything else she was eating at the time.

As the child grew pale and thin, depressed and irritable, I decided on two measures. I advised soporific suppositories in very small doses, and I told the mother to assure Lika that one does not

receive wounds by eating but that in fact, if small children do not eat, they might fall ill and get hurt. This seems to have led to an improvement, for Lika began slowly to eat small bits of food, soft bread, chocolate which could melt in her mouth, etc. One morning during this period, the mother overheard Lika's attempts at auto-suggestion according to Coué, when she told herself, 'Good girl, eat, no wounds; bad girl, doesn't eat, wound.' In this way she gradually overcame the eating phobia and became once more the bright and jolly little girl. She played all day with her dolls in the way described earlier. However, she is not yet quite free from her fears of getting hurt.

I described the doctor phobia in such detail in order to illustrate the difference between the two instances: On the first occasion, the onset of her anxiety was related to a reality fear of a person who had really tormented the child. To defend herself against this anxiety she resorted to displacement, a mechanism freely used by small children. This led to an extension of anxiety-arousing situations which developed along phobic lines and bore the character of an anxiety hysteria. In the second instance, there was no cause for reality fear. The precipitating trauma, the observation of the male organ, was a perfectly ordinary event which of itself would not arouse anxiety. The anxiety arose from within, from the realization of her own lack of a penis, and one cannot here speak of reality fear, but of neurotic anxiety—*castration anxiety*.

Castration anxiety developed in a small girl of two years eight months, as a reaction to the realization of her own lack of a penis.

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THE PROBLEM OF SCIENTIFIC VALIDATION IN PSYCHO-ANALYTIC INTERPRETATION¹

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I

The subject-matter of interpretation is discussed in many books and articles in the psycho-analytic literature. With few exceptions, notably Siegfried Bernfeld's comprehensive article in the *Zeitschrift für angewandte Psychologie*, published in 1932 (2), the literature deals mainly with interpretation as a part of psycho-analytic technique. The interest is focused on what, when, and how to interpret. The question of the validity of an interpretation in a scientific sense is rarely raised. In recent years a few authors have discussed the problem of the validity of psycho-analytic interpretations and have stressed the desirability of research in this area. Lawrence S. Kubie, for instance, has stated that 'analysis stands and falls by the validity of its specific interpretations in specific instances'. He has further commented on 'the importance of amassing the data of free associations for meticulous statistical analysis in a search for objective laws and guiding principles' (15). Edward Glover, in an article on 'Research Methods in Psycho-analysis', published in 1952 (10), has expressed the need for an 'attempt to control the validity of interpretation'.

The psycho-analytic practitioner, as a rule, is not concerned about the possibility of scientific validation of his interpretations. Many interpretations seem so obvious that he will not develop any doubts about their validity. In cases where he may not be sure of the correctness of an interpretation, he most likely will wait and see whether or not new material will confirm the interpretation. Freud, in his paper on 'Constructions in Psycho-analysis' (9), compared psycho-analytic interpretation with the work of the archaeologist and pointed out that the psycho-analyst, through his prolonged contact with a living person, the patient, has a chance to correct his hypotheses, whereas such

a chance is not as easily available to the archaeologist.

By and large, the therapeutic success or failure of an individual psycho-analysis seems to be independent of the possibility of scientific validation of the interpretations given; yet the problem of validation appears crucial to those who want to defend psycho-analysis against the charge of being unscientific.

The validation problem gains significance when we leave the realm of psycho-analysis proper and shift our interest to fields where psycho-analytic theory is applied to other techniques and other sciences. In psycho-analytically oriented psychotherapy, for instance, the chances of correction of an incorrect interpretation during the process of therapy are not quite as good as in psycho-analysis itself, because, usually, less material enters the process. The psycho-analyst who supervises any kind of psychotherapy performed by someone else is in an even more difficult situation in regard to interpretations. He is expected to interpret elements of the material produced by the patient on the basis of second-hand knowledge, without the benefit of contact with the patient himself.

In the case of the psychotherapist and the supervisor of psychotherapy, however, there is at least still a patient who may react to an interpretation in one or another way—may confirm it, or reject it, may improve, or not, etc. The situation is quite different where psycho-analytic interpretation is used in order to understand persons who are not patients. This happens in all the fields outside psycho-analysis in which psycho-analytic theory is applied, for instance in biography, literary criticism, history, or anthropology. Since a great number of books and articles can be found in the psycho-analytic literature in which attempts are made to use psycho-analysis for the interpretation of a variety of subjects, it is interesting to try to find

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the criteria of the validity of such interpretations.

The problem of scientific validation of psycho-analytic interpretations, therefore, is of interest in psycho-analysis proper as well as in applied psycho-analysis.

II

An inquiry into the criteria of validity in a psycho-analytic interpretation presupposes an understanding of the logical structure of 'interpretation' in general.

The textbooks on logic, by and large, have little to say about interpretation. In a number of them interpretation is treated as a case of arguing by analogy. Analogy then is defined as 'identity of relation' (H. W. B. Joseph (13)) or 'resemblance of relations' (John Stuart Mill (17)). Logicians stress the fact that analogy never makes conclusive proof.

In Webster's Dictionary we find among the definitions of the word 'interpret' the formulation: 'to translate into intelligible or familiar language or terms'. This is in line with the subsumption of 'interpretation' under 'analogy'. When the psycho-analyst, for instance, interprets certain behaviour of the patient as transference from the patient's relation to his father, he points out an analogy between the patient's attitude and feelings toward his father and those toward the analyst.

If we concentrate on the kinship between interpretation and analogy, we become aware of one of the greatest difficulties in interpretation: there are always an unlimited number of ways in which something may be interpreted. This corresponds with the infinite number of propositions which may show analogy to any proposition in question. The problem arises which way of interpretation is most fruitful.

In those sciences where interpretation is of great significance, for instance, in the field of law, we find a long history of arguments as to which method of interpretation is legitimate. A statute law, for instance, can be interpreted historically by inquiring into the intentions of the legislator who drafted the law or into those of the legislators who voted for it; or, regardless of its history, it may be interpreted according to the general purpose as expressed in its preamble or the general purpose according to any given state of economic or social development, and in many other ways.

In the field of psycho-analytic interpretation, Bernfeld, in his above-mentioned article (2), has

shown a number of possibilities of interpretation. According to him, interpretation can take place (a) according to intention (for instance, interpretation of slips of the tongue), or (b) according to function (e.g. 'The dream is the guardian of sleep'), or (c) according to diagnosis (x is generally known as a trace of A ; x' , i.e. the element in question, therefore is an indicator for A), or (d) through symbolic translation, or (e) through fitting the element to be interpreted into the totality of the patient's life experience ('in den Gesamtzusammenhang der Person einordnen').

This is not the place for a detailed discussion of Bernfeld's distinctions. For our purpose it is most important to realize that one cannot speak of interpretation *per se*; that in any interpretation we have to look for a certain guiding principle or frame of reference. The psycho-analyst, for instance, may interpret a single element in a dream, using a number of frames of reference. The element may be meaningful when seen in relation to the patient's past experience, his recent experience, the transference situation, etc. The analogy between interpretation and translation, which, by the way, finds an expression in the meaning of the English word 'interpreter', illustrates the need to be aware of the specific frame of reference within which interpretation will take place. The sentence, 'I intend to translate this Latin poem', does not have any definite meaning unless I add the language into which I want to translate. Likewise, whenever we talk about interpretation of any proposition, the meaning is not complete unless we add the frame of reference within which the interpretation is to take place.

Dealing with the problem of the validity of any specific interpretation, we shall have to ask two preliminary questions:

- (a) Which frame of reference has been used?
- (b) Is this a legitimate frame of reference?

Such logical analysis of a psycho-analytic interpretation may, for instance, show that it presupposes the assumption of infantile sexuality and the Oedipus complex. Obviously the legitimacy of such a frame of reference will be a condition for a decision on the validity of the interpretation. In other words: unless we are convinced that there is infantile sexuality and an Oedipus complex, we shall reject any interpretation within this frame of reference.

But the legitimacy of the frame of reference is only one condition for the validity of an interpretation. To use our example: not every

interpretation based on the Oedipus complex is correct. In order to determine the validity of a specific interpretation we have to find out whether or not there is an analogy between the proposition to be interpreted and the interpretation given. Using the terms of the logicians quoted above, one might say that we have to find out whether there is 'identity of relation', or at least 'resemblance of relation', between the two elements.

Siegfried Bernfeld, in the article quoted above, as well as in his paper on gestalt theory (3), has pointed out that Freud always 'deals with "gestalten", not with bundles of elements connected with each other through associations of an "and" or "sum total" character'. A dream, for instance, may consist of a number of single elements, be they images, words, or sentences. In order to understand the dream it would not be sufficient to look at it as a sum total of the elements; the way they are connected with each other is just as important as the elements themselves. The configuration of the whole dream is a 'gestalt'. To see the gestalt quality of the objects of psycho-analysis is particularly important when we approach the problem of interpretation. An interpretation will be the more satisfactory, the better it can be shown that it fits into what is to be interpreted, as one complementary gestalt into another.

To illustrate the meaning of this 'fitting in', let me use a rather trivial example: I remember the porter of a small village inn who used to give a rather peculiar check to guests who deposited luggage with him. Having no regular checks and not being too well versed in the art of writing, he used a piece of paper or cardboard which he tore into two pieces. One piece was fixed on to the luggage; the other was given as a check. This system was fairly adequate. The gestalt of the dividing line of a piece of paper torn into two becomes so specific that hardly anyone would doubt that the exact fitting together of the pieces identifies the luggage. Here we have a prototype of what is desirable in an interpretation: What is to be interpreted, as well as the interpretation, has a specific gestalt, and the two gestalten fit into each other so closely that one does not doubt their belonging together.

An example which Freud used in the seventeenth of his Introductory Lectures (7) seems to have the same structure. Freud mentions the peculiar symptom of a patient, a married woman, thirty years old. Several times a day she would

run from her room into the adjoining one, take up a certain position at the table in the centre of the room, ring the bell for the maid, give her a trivial order or send her away without an order, and then run back again to her room. After some time in analysis, Freud learned about a traumatic incident that happened to his patient on the wedding night: her husband, many years older than she, had proved impotent. Innumerable times during the night he had run out of his room into hers in order to make the attempt, but had failed every time. In the morning he had started thinking that the maid might wonder that there were no traces on the bed linen, had taken a bottle of red ink and had poured some red ink on the sheet, but not exactly in the place where such a mark would have been. A large spot was on the table cover which the patient used in her obsessional symptom; this spot, the patient pointed out, reminded her of the red ink spot on the sheet.

Freud adds to the narration: 'After this there could no longer be any doubt about the connection between the current obsessive act and the scene of the wedding night, though there was still a great deal to learn about it.'

If we look upon this example of an interpretation from our point of view, it is obvious that the symptom in itself, as well as the story which interprets it, have a specific gestalt. The symptom in itself does not make any sense, but it becomes meaningful after Freud has unearthed the gestalt of the events that happened during the patient's wedding night. The two propositions fit into each other almost as closely as in the above example where the check fitted into the piece fixed on the luggage.

Such fitting together of two gestalten we find not only in content interpretation, as shown in the above example, but also in any other interpretation. Anna Freud (6), for instance, in discussing the interpretation of defences, mentions the case of a well-behaved, friendly girl patient who, when given any interpretation of her anxiety, broke out into volleys of contemptuous remarks. The analysis showed that the patient's late father had tried to train the little girl in self-control by making mocking remarks when she gave way to some emotional outburst. Here the gestalt of a certain behaviour of the patient in her analytic sessions proved to be analogous to the gestalt of a certain behaviour her father had displayed in his relationship to her.

Summarizing the above considerations, we

may state that in our search for criteria of validity we have to look for: (a) the guiding principle or frame of reference which determines the direction of an interpretation, and (b) the specific gestalt of what is interpreted and how it fits into the gestalt of the interpretation.

III

An analysis of most psycho-analytic interpretation shows that not only one but several frames of reference are used. This point may be exemplified by another case mentioned by Freud in the seventeenth of his Introductory Lectures (7).

Freud presents the problems of a nineteen-year-old girl. He elaborates particularly on the patient's ritual performed every night before going to bed. She had to stop a large clock in the bedroom and to remove all other clocks, including a tiny wristwatch. She had to put flowerpots and vases together on her desk. The pillows in her bed had to be arranged in a certain way; it was important to her that her large pillow never touched the back of her wooden bedstead. Only when these and a few other conditions were fulfilled could she fall asleep.

Analysing these obsessional symptoms, Freud gives a number of interpretations, of which, for the sake of brevity, I will mention only two:

(a) The clocks and watches, as well as the flowerpots and vases, are interpreted as sexual symbols representing the female genitals.

(b) The peculiar condition that the pillow must not touch the board is interpreted as a magic ceremony in order to keep man and woman, i.e. father and mother, apart.

Freud's argument in either one of these two interpretations is based on logical processes which fall into two groups:

(a) Some are based upon general and empirical psycho-analytic knowledge. In discussing the meaning of the patient's anxiety regarding the flowerpots and vases, for instance, Freud states: 'Flowerpots and vases are, like all receptacles, symbols of the female genitals.' The frame of reference within which Freud interprets the pillow-board ritual is that of the Oedipus situation.

Freud thus bases the above interpretations on two psycho-analytic theories—sexual symbolism and the Oedipus complex.

(b) Further inspection of the two interpretations, however, shows that they are not exclusively based upon the two general principles. In both

interpretations Freud connects the specific content of his patient's symptoms with specific material from her life experience. Discussing the patient's anxiety that the flowerpots and vases may break, Freud refers to an incident in her childhood when she had fallen while carrying a glass or porcelain vessel, and had cut her finger, which had bled badly. This incident, then, is connected with the patient's later concern about bleeding which, in turn, was part of her phantasies on defloration.

In the discussion of the pillow-board ritual, we learn about many concrete facts, among them the patient's insistence that the door between her and her parents' bedroom remain partly open.

It is essential for the understanding of the logical structure of a psycho-analytic interpretation to realize that it is based on two processes which have to become integrated. In the first process we make, within a certain frame of reference, an inference from a general empirical rule to a specific case. In the second process the interpretation connects certain elements of the specific life experience of the patient with each other. When we, for instance, know that many persons in their unconscious thinking use 'any kind of receptable' as a symbol of the female genitals, we can assume that 'flowerpots,' as part of an individual patient's compulsive symptom, may have the same meaning. But only when this inference is 'linked' to the patient's individual life experience can we arrive at a genuine psycho-analytic interpretation.

The reason why these two processes are necessary cannot be found in any logical considerations, but in the needs of psycho-analyst and patient in the therapeutic process. Without general empirical knowledge the psycho-analyst could not select parts of the material the patient presents as clues for his understanding; he would find a flowerpot or a certain arrangement of bed pillows as uninteresting and senseless as the psychiatrist did before Freud. In the psycho-analyst's mind the inference from general psycho-analytic knowledge may start the process of interpretation, but the patient is not likely to react until he can be shown the connections in his own life.

In our search for criteria of validity we have to separate the process of inference from the process of making connections between parts of the patient's total life experience. Since an inference obviously can be valid only if the general principle is valid on which it is based,

we shall have to concern ourselves first with the problem as to what extent psycho-analytic theory has been or can be validated scientifically. Here we find answers in a great number of empirical investigations. Most of them have been surveyed and summarized in publications such as Robert R. Sears' *Survey of Objective Studies of Psychoanalytic Concepts* (19) and in the more recent article by Ernest R. Hilgard on 'Experimental Approaches to Psychoanalysis' (11). A great deal has been done in order to verify psycho-analytic theory, but, as Edward Glover has pointed out convincingly (10), there is a need for many more studies of this kind. In any case, the studies show that, in principle, psycho-analytic theory can be validated like any other scientific theory.

The difficulties of such validation will vary according to the specific nature of the proposition in question. The scientist who uses experimentation and statistics in order to arrive at so-called 'objective findings', finds it hard to deal with purely psychological entities, especially if they are not part of the conscious phenomena. He cannot observe, e.g. 'pain' or 'oedipal feelings' themselves; he needs something objectively observable which can be considered an index of such psychological factors. Difficulties of this kind, however, are not only encountered in the field of psycho-analysis; they are problems of methodology and scientific technique common to other sciences as well.

Some discrepancies in the outcome of studies to verify psycho-analytic theories are most likely based upon differences in the indices used. A number of researchers, for instance, have attempted empirical studies in order to test the Freudian theory on the significance of the homosexual conflict in the dynamics of paranoia. A number of those using a more or less superficial case study approach arrived at results which are not in line with Freud's theory; but the theory found overwhelming confirmation in a recent study (1) based upon Rorschach Test results. One can assume that homosexual tendencies may show rather clearly in a Rorschach protocol, while the subject, unless analysed, or at least interviewed by a person able to uncover unconscious material, may not express any feelings indicative of homosexuality.

The existence of such difficulties in concrete empirical studies, however, does not alter the fact that, in principle, psycho-analytic theory can be validated scientifically.

IV

At a first glance it may seem that the second process in interpretation, i.e. the search for connections within the patient's total life experience, is identical with the process of subsumption of an individual case under a general rule. To return to our example: From psycho-analytic theory we know that a 'flowerpot' in the unconscious production of a patient is likely to symbolize female genitals. When Freud mentions the material from the patient's analysis which is connected with the flowerpot symbol, he does give additional proof that, in this individual case, the 'flowerpot' is most likely to have this meaning. The material presented, however, does much more than merely prove that a hypothesis based on symbolic translation is correct. The insight that Freud's findings offer goes beyond the one frame of reference, i.e. symbolic translation; it leads into other areas, e.g. the patient's phantasies about menstruation and defecation.

In his article 'On the History of the Psycho-analytic Movement' (8), Freud made a statement which can be considered the basis of psycho-analytic investigation of the patient's total life experience. It reads as follows: 'It appeared that psycho-analysis could explain nothing current without referring back to something past; more, that every pathogenic experience implied a previous one which, though not itself pathogenic, had yet endowed the later one with its pathogenic quality.'

This means that in psycho-analysis one frame of reference holds a central position—that of interpreting the present out of the past. It furthermore means that all vicissitudes of the patient's life enter the field of psycho-analytic investigation. A trivial incident, such as the accident of Freud's patient when, as a child, she fell while carrying a glass and injured herself, may later take on a special meaning and may become as important as a catastrophic event in a patient's life. We might say that the psychoanalyst has to become an expert in the area of each patient's life, as if this life were an independent field of scientific exploration in itself. Within the realm of exploring the patient's individual life the question of whether or not some general theories, such as those of symbol interpretation, are correct and applicable, loses a great deal of its significance. This is a factor of great importance for the problem of scientific validation. The standard methods of validation, i.e. experiments and statistics, are applicable

to the study of more or less general hypotheses. If experiments, e.g. hypnotic experiments, show that a significant number of people use receptacles as symbols for the female genitals, we assume that this particular theory is validated. We test one single fact within one frame of reference, using a statistical population of many as testing ground. In the specific case we have diametrically opposite conditions: We are dealing with one person only, but this one person presents an indefinite number of experiences falling into an indefinite number of frames of reference. Statisticians have been interested in this problem, which they have called the problem of the 'unique case'. They have realized that here the standard statistical methods cannot be applied. I refer here particularly to Samuel A. Stouffer's 'Notes on the Case Study and the Unique Case', which forms a part of a Social Science Research Council study on *The Prediction of Personal Adjustment* (22). Recently some statisticians, especially William Stephenson in his Q-technique (20), have been starting attempts to deal statistically with problems of personality centred in one individual. It seems, however, that these efforts, interesting though they may be, do not promise much help for the validation of interpretation.

What then are the criteria of validity which we can use where the regular tools of scientific verification cannot be applied? Robert Wælder, dealing with the problem of criteria of interpretation (23) compares the work of the psychoanalyst with that of the detective. He arrives at the conclusion that an interpretation appears valid if it not only offers an explanation for all the known facts of the case, but also finds confirmation in facts discovered after it has been made. This suggests a method of checking and double checking, which may be of great help in the practice of interpretation, but does not seem to satisfy the demand for scientific validation.

Ernst Kris, in a paper on 'The Nature of Psychoanalytic Propositions and their Validation' (14), reports on a number of instances of confirmatory evidence, among them the particularly interesting incident published by E. Frenkel-Brunswik (5). In this case a patient had contradicted her analyst's tentative interpretation that in her adolescence she must have identified with the role Cordelia plays in Shakespeare's *King Lear*, asserting that she had never even read *King Lear*. Many years after

the termination of her analysis this patient found an old manuscript from her schooldays: she had copied the complete part of Cordelia. However interesting this is as confirmatory evidence for an interpretation, this and similar cases of verification are based on coincidence. A method of verification which presupposes good luck in finding evidence, obviously, is not satisfactory.

John R. Reid and Jacob Finesinger (18) conclude a study on 'Inference Testing in Psychotherapy' with the statement that we have 'to be satisfied with a degree of confirmation that is pragmatically sufficient'.

It seems that we can attack the problem of scientific validation with better chances of success if we see the element to be interpreted and the facts used in the interpretation as two gestalten which have to fit together. This implies that, in each individual interpretation, we shall have to raise two questions:

(a) Is the gestalt of the proposition to be interpreted, such as a dream or a symptom, as well as the gestalt of the material used for the interpretation, sufficiently determined by certain concrete elements and their interconnection to warrant significance?

(b) Do the two gestalten fit into each other?

Such testing procedure may be exemplified through an analysis of Freud's interpretation of the symptom of the patient who had the traumatic wedding night experience.

The symptom can be broken down into the following elements:

(a) Patient runs from one room into the other.

(b) She rings for her maid.

(c) She takes up a certain position in order to enable the maid to see a certain spot.

(d) This spot is a mark on a tablecloth.

(e) The process is repeated several times within a day.

(f) The elements (a) to (e) form part of one symptom.

The facts on which Freud bases his interpretation can also be broken down into concrete details, as follows:

(a) During the wedding night the husband ran from his bedroom into that of the patient.

(b) He expressed his anxiety about the maid's missing the blood spot on the bed linen by saying, 'It's enough to disgrace one in the eyes of the maid who does the beds.'

(c) He made a mark with red ink on

(d) the bed linen.

(e) He repeated his going from his to the patient's bedroom several times.

(f) The fact that all this happened during one night, the wedding night, combines the elements (a) to (e) into a unit.

It is hardly necessary to mention that each of the six factual elements in the symptom corresponds with one element in the facts which Freud uses in his interpretation. It also seems clear that it is this fitting together of all the elements which makes the reader feel that, as Freud puts it, 'there could no longer be any doubt about the connection between the current obsessive act and the scene of the wedding night'.

Frequently there may be some overdetermination. The repetition of the patient's going from one room to the other, for example, can be explained as representing the husband's coming to the bedroom several times, but this element could also be explained as based on the principle of repetition compulsion. Such overdetermination, however, would hardly ever substantially interfere with the significance of such analysis of an interpretation.

In principle, a similar analysis could be made in any case of interpretation. The idea suggests itself that there would be a positive correlation between the number of corresponding elements in the two gestalten constituting the interpretation and the degree of validity of the interpretation. Only a statistician could decide whether a mathematical procedure could be established in order to arrive at a certain standard ratio representing a degree of validity. But it seems plausible that such quantification could be achieved.

Of course we still should not be able to make an absolute 'true or false' decision. But such a decision cannot be made in any other field of applied science either. Hardly any statistical study results in a correlation of plus or minus one. Usually the correlation will be a fraction of one, i.e. the evidence will only show that a certain correlation is likely to exist.

Glover (10) criticizes instances where justification of an interpretation is confined to the general statement that 'the material of the patient showed this or that'. If a standard procedure could be worked out which would require statements on the details of the two gestalten as outlined above, as justification of an interpretation, this might provide the safeguards of scientific validation which Glover demands.

V

In applied psycho-analysis the criteria of validity of an interpretation are the same as in psycho-analysis proper. There are, however, differences in the object of interpretation. The biographer or historian, as a rule, uses interpretation in order to understand the total personality of his subject. Specific parts of the life of a person, e.g. symptoms or dreams, are less likely to be of interest to the biographer or historian than to the therapist in his relationship to a patient. In literary criticism the focus may be either on the personality of an author or on that of the characters he portrays. In sociology and anthropology psycho-analytic investigation usually is aimed either at ideal types, such as 'primitive man' or 'member of a democratic society', or at cultural symbols or institutions which then are treated as if they were symptoms of a typical personality.

Richard and Editha Sterba's paper on 'Beethoven and his Nephew' (21) may be quoted as an example of the use of psycho-analysis for biography. The authors are extremely cautious in making interpretations, but they present a wealth of historical material in such a way that the reader can visualize definite gestalten which fit into each other. We learn, for instance, that Beethoven withdrew from his brother Karl, when the latter married, that he later claimed Karl had been poisoned by his wife, that he called his sister-in-law 'Queen of the Night', that he fought the marriage of his younger brother Johann, and a number of other facts which demonstrate Beethoven's negative attitude toward women. When we then read the details of Beethoven's relationship to his nephew, or when we study his famous three letters to 'the Immortal Beloved', we see gestalten which fit into each other so obviously that we can interpret each out of the others. The technique used by the authors resembles that of a psycho-analyst who, instead of verbalizing an interpretation, confronts his patient with the material in such a way that the patient cannot help but understand.

Unfortunately many discussions in applied psycho-analysis lack the thorough substantiation of the material which we find in R. and E. Sterba's paper. In a recent paper, for example, an attempt is made to use the psycho-analytic method to inquire into such complex material as the achievement of India's independence and the attainment of equal status for the Pariah caste (16). A small number of facts known about

Mahatma Gandhi's life are used as means of historical interpretation. We find the rather dogmatic statement that 'the struggle for India's independence was a displacement of Gandhi's unconscious fight against his father, involving both his feelings of love, and of hate and revenge'. A great number of analogies are drawn, e.g. the analogy 'father—Great Britain', but the facts presented are of such different order and so incomplete that they do not seem to substantiate the conclusions.

Such all too daring interpretations are likely to discredit the use of psycho-analytic methods for subjects outside of psycho-analysis proper. From a rigid methodological point of view, one could argue that psycho-analysis loses its legitimate ground when applied to exploration of a person who is not a patient. It seems, however, that such argument would not be likely to prevent psycho-analysts or psycho-analytically trained students of other disciplines from extending the field of psycho-analytic interest beyond its application to a patient. Freud himself applied psycho-analysis to many other fields of knowledge and interest.

For the justification of applied psycho-analysis one can point to the fact that 'scientific truth' is always a relative concept. One may, for instance, argue that Beethoven's relationship to his nephew might have been interpreted differently if he had been interviewed or treated by a psycho-analyst. Such a possibility exists, of course; but one would also have to admit that in many studies of actual clinical cases we do not find as much material as in the paper on Beethoven and his nephew.

In the field of biography a German philosopher, Ernst Bertram, in his book on Nietzsche (4), has taken an extreme position by saying that any kind of biography is always a mythology. The historical gestalt of the hero changes according to the interests of those who deal with his life and his works. This statement will be unacceptable to many biographers and historians, but there seems to be a definite kernel of truth in it.

The question of the meaning of 'truth' in a scientific sense becomes particularly difficult when attempts are made to deal with a fictitious person such as a character in a play. This can only be done by using the logic of 'as if'. Ernest Jones, in the preface to his book on *Hamlet and Oedipus* (12), comments, 'I propose to pretend that Hamlet was a living person'.

The logic of 'as if' is also applied in anthropology and sociology, where ideal types are treated as if they were individuals. The question whether and to what extent such procedure is legitimate or fruitful is not a problem of psycho-analysis. But if in any of these fields the claim is made that a certain interpretation is a psycho-analytic one, the interpretation should be required to fulfil the two conditions: (a) that a psycho-analytic frame of reference is used, and (b) that the interpretation and its object can be visualized as two gestalten fitting into each other.

VI

To summarize: Glover, in his above-mentioned article (10), has stressed the need for 'application of such scientific checks as are appropriate to the special conditions of psycho-analysis'. Through the discussion of the question of scientific validation in psycho-analytic interpretation, an attempt has been made to show some of the difficulties encountered in the search for such scientific tools 'appropriate to the special conditions of psycho-analysis'. It is suggested that a method of evaluating the validity of psycho-analytic interpretations could be developed on the basis of Bernfeld's ideas about the concept of interpretation and about the gestalt character of psycho-analytic propositions. This method would essentially be an inquiry into the fitting together of the gestalt of what has to be interpreted with the gestalt of the interpretation, made within the frame of reference of psycho-analytic theory.

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SHAKESPEARE'S EARLY ERRORS

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*Veterem atque antiquam rem novam ad vos
proferam*

1

If we could understand the motives that impelled William Shakespeare to the writing of plays, what were the reasons for his giving a whole life of wealthy imagination to the theatre, we might come into possession of the main keys to the psychology of the stage itself, of plays, the players, and their public. In the hope of contributing toward this achievement I have undertaken an intensive analysis of a play by the paramount dramatist which most historians regard as one of the earliest—if not the very first—of his creative efforts in theatre: *The Comedy of Errors*. Because of the crude frivolity, the juvenile character of this drama, scholars have not paid it serious attention. The eyes of psycho-analysis turn the more readily to it precisely because of this juvenile character. We know how the childishness of an artist will betray the deepest secrets of his mind, the unconscious origin of the passions of his life. If it is true that the *Errors* stands the nearest of Shakespeare's works to his infancy, we may expect to discover in it the primary springs of his fantasy, the driving forces of all his dramatic work.

Analysis of the comedy is not an easy task, for Shakespeare bequeathed it to us in a palimpsest form. There is plenty of evidence that he revised this product of his youth several times, and it did not reach the press until he had been in his grave many years. We need not be dismayed by the rapid shifts in quality of its stagecraft and the abrupt variations of the style. The changes in the drama will mystify us only when we lose sight of its substance, the farcical plot, which throws over all the sophistications of Shakespeare's mature art the unmistakable shadow of his novice mind. Scarcely any of his other plays exhibits so hearty an interest in plot as the *Errors*. The plot is the thing in which we shall catch the conscience of the poet. Shakespeare apprehended this

fact and therefore laboured to fill the fabric of the comedy with snares and delusions, ever hopeful of escape from knowledge. With extreme cunning he wrote and rewrote the drama, turning it into a net of Gordian knots which nowhere present a single loose end to enable us to unravel the purport of the play. At whatever point we select to begin our analysis we are bound to use a sharpness without subtlety, to cut the fabric so that it can be untied with the loving patience it deserves.

Suppose we begin the investigation of Shakespeare's *Errors* with the obvious motive of the farce. Manifestly its purpose is to provoke laughter, extravagant, strenuous, far-fetched laughter, not without tears. The poet means to be merry, like his hero in the middle of the drama, 'in despite of mirth' (III, i). With its wild, unbelievable story and dreamlike duplication of characters, the comedy aims at delirium. The prime emotion appears to be one of hysteria, as if the author produced it from a desperate want of hilarity, feeling that he must have merriment or run mad. He does not leave us in doubt about the source of this manic humour. It functioned for him in the same way that the clown Dromio of Syracuse serves his curious master. 'When I am dull with care and melancholy,' the master remarks, Dromio 'lightens my humour with his merry jests' (I, ii). Again and again Shakespeare stresses relief from a devouring sorrow as sufficient excuse for his jokes, no matter how ribald or fierce. He seems to have put such gaiety on the plane of athletic sports, considering it precious recreation:

Swart recreation barr'd, what doth ensue
But moody moping, and dull melancholy,
Kinsman to grim and comfortless despair . . . ? (V)

Below the surface motive of the comedy, then, we can plainly see the motive of evading melancholic depression.

The intensity of the poet's depression on the threshold of his *Errors* may be estimated by the fact that he altered the raw Roman material of

the play in order to give it a groundwork of tragedy. For the sake of its sorrowful opening scene Shakespeare sacrificed elements from his Latin source which would have made the plot more plausible.

In the *Menaechmi* of his beloved Plautus the twins around whom the comedy revolves are separated by a commonplace event. The father takes one to a distant market town and the boy is lost in a crowd. A merchant finds the little Menaechmus and carries him away across the Adriatic Sea to Epidamnus. The lad's father dies of grief. Back in their native Syracuse the grandfather, learning of the double loss, and anxious to preserve the memory of the lost boy, who was named after him, changes the name of the remaining twin from Sosicles to Menaechmus. The new Menaechmus grows up and travels across the Adriatic hoping to find out what happened to his dear brother. Shakespeare desired more sensational reasons for the parting of the twins. He invented a tempest and a shipwreck to account for it. He refused to let the father die of grief, but increased the old man's torments by parting him from the second son. This boy leaves his father to go in search of a brother whom he has never known. And old Aegeon is compelled, years later, to sail in search of both his sons, across the Mediterranean Sea to Ephesus. Shakespeare completes his disruption of the family by having brutal seamen separate the mother from the child she saved in the wreck. In the midst of this welter of narrative we are disappointed to observe that he names the twins Antipholus and fails to explain why they have identical names. To augment the mystification he bestows on their twin servants the single name Dromio. We know that he got the idea for his two sets of twins from another comedy by Plautus, *Amphitruo*, but the Latin dramatist adequately accounted for his twins here by making one of each pair a god masquerading to delude mortals.

Plautus opens his *Amphitruo* with the statement, from the mouth of the god Mercury, that the play commences as a tragedy. Shakespeare may have been encouraged by this to start the *Errors* in the same manner. But the Roman playwright shows us nothing piteous and terrible, like the first scene of Shakespeare's play. Plautus's excuse for the tragic element in his work is that 'it is not right to make a play where kings and gods talk entirely comedy'. The tragic element in Shakespeare's work con-

cerns no god or king, only the poor old merchant Aegeon, who has no parallel in Plautus.

What could have driven Shakespeare to make these drastic alterations in his material? Why did he discard the simple disappearance of a twin in a crowd for the barely credible separation at sea? The tempest must have had a special meaning to the dramatist. The central image of Aegeon's tragic tale, the splitting of his ship, must have exerted an irresistible fascination on Shakespeare's mind. He lavished so much imagination on the disaster that he neglected to make clear the reason for calling both of Aegeon's sons Antipholus. The reckless omission of this important detail gives us a glimpse of the hysterical haste with which the poet went to work on the comedy. His reason appears to have been overwhelmed by the images of the storm and the wreck.

He makes the old man speak of his misfortune as 'this unjust divorce' (I, i). Now, matrimony has often been compared to a sea, and divorce to shipwreck. How conscious of these metaphors the dramatist may have been, we cannot say. It is incontestable, however, that the thought of divorce was running in his mind when he composed *The Comedy of Errors*. Its central events occur in consequence of an estrangement between the hero, Antipholus of Ephesus, and his wife. And the two Latin comedies from which Shakespeare derived the raw stuff of his farce obtain their effects of fun from breaches of marriage.

So far as I am aware, only one of Shakespeare's critics, Frank Harris, has recognized that the poet's own alienation from his wife was a stimulus to the writing of the *Errors* (1). Unfortunately Harris's interpretation of the play raised more riddles than he solved, obscuring the merit of his discovery. He erred in attempting to sift details from the drama to fit his imaginary biography of the poet. In this essay I intend to steer clear of questions of biography, relying for argument exclusively on the text of the play and its literary analogues.

The 'unjust divorce' of Aegeon and his Aemilia is the work of wind, water, and stone, or the caprice of the goddess Fortune, as the venerable traveller insists. The alienation of Antipholus and his Adriana, on the other hand, is portrayed as an error, the climax of a series of errors. The marriage of this couple, Shakespeare seems to say, is nothing but a comedy of errors, indeed a mistake from the start. Adriana's sister suspects that Antipholus mar-

ried her for her riches (III, ii). He grew cold to her, if not cruel. Before the action of the play commences, he was in the habit of keeping late hours away from his house. 'His company must do his minions grace', Adriana complains, 'Whilst I at home starve for a merry look' (II, i). She accuses him of unkindness and he charges her with shrewish behaviour. Both are right. Yet until the confusions of the comedy begin, we are led to believe, their temperaments have never exploded in hate. For only a week (prior to the day of the drama), Adriana declares near the end, her husband had been behaving strangely.

This week he hath been heavy, sour, sad,
And much different from the man he was;
But till this afternoon his passion
Ne'er brake into extremity of rage.

From the lips of Luciana and Aemilia the poet casts the blame for the estrangement on the wife. They rebuke her for 'self-harming jealousy', for breaking the peace of her household with wicked thoughts of her husband wandering abroad in pursuit of unlawful love. According to the judgement of these women, her conduct toward Antipholus is enough to explain his melancholy and the 'unjust divorce' of their souls.

The dramatist's compassion for the melancholy Antipholus bears witness for our conviction that Shakespeare identified himself with the outraged husband. He had broken away from his own wife and felt a strong impulse to justify the act on the stage. It could not be shown straightforwardly, of course. In the first place the poet was too blind with tears of self-pity to see the naked truth. Moreover he sensed that his wife did not hold a monopoly of the guilt in their disgrace. He had the intelligence and the courage to admit that he had contributed wrongs and miseries to the marriage; but his courage took the peculiar path of confessing his sins under the mask of comedy. Adopting the counsel of his Luciana, 'Be not thy tongue thy own shame's orator' (III, ii), he showed the world his shame by means of a variety of tongues. He discloses his guilt with a mirthy grimace while protesting, in an agony of remorse, that he is innocent. The core of the whole play is an apology for Shakespeare's errors in matrimony. He is not to blame, the drama pleads in its grotesque fashion: nor should the woman in the case be condemned, though discerning persons of her sex might decide that

she was responsible. The fact of the matter, Shakespeare wishes us to think, is that the marriage had been wrecked because the bride and the groom did not really know the individuals they wedded. It was a case of mistaken identity.

In some such way, I imagine, the ego of the poet defended itself against his conscience or superego in the supreme court of his unconscious mind. I and my woman, the dramatist inwardly contended, have done nothing more damnable than entertain strangers as lovers.—She took me in, like Alcmena in *Amphitruo*, thinking that a hero was going to sleep by her side, and in happy ignorance she united with a god. Alas, poor god! He took in holy wedlock what he thought was an angel, and she turned out to be a termagant, at any rate a woman of torturing whims. Nevertheless, as Plautus says, 'The god will not allow his sin and fault to fall upon a mortal's head.' In our pitiable and ridiculous way we are trying to correct our mistakes. Anyhow, I am.—Thus seeking balm for hurt vanity, and excuses for his marital follies and cruelties, the dramatist contrived his *Comedy of Errors*.

The dramatic process in his unconscious took the shape of a dreamlike confusion of identities. He pictured himself as two persons, the husband Antipholus and his double, the unmarried twin, Antipholus of Syracuse, who is taken for the husband by his unhappy Adriana. There is nothing here to prove a split in the dramatist's personality. On the contrary, he has retained his ego entire and dealt himself the luxury of an alter ego. He demonstrates the sort of esteem for himself which makes people say of certain gentlemen that, they are too brilliant, they should have been born twins.

The resemblance between the brothers Antipholus is 'more than skin-deep'. The Duke of Ephesus indicates their true relationship when he exclaims:

One of these men is genius to the other.
... Which is the natural man,

And which the spirit? Who deciphers them? (V.)

On the first appearance of the brother from Syracuse he reveals himself as a victim of the same unexplained melancholy that the brother of Ephesus suffers from:

He that commends me to mine own content
Commends me to the thing I cannot get. (I, ii.)

The Syracusan may well be described as the 'genius' or spiritual double of the husband.

He is more lyrical in speech, and briefly manifests a tendency to speculative thought. On his arrival in Ephesus, weary from a long voyage, he delays his dinner to gratify a desire to look on the town, 'Peruse the traders, gaze upon the buildings. . . . His enthusiasm for sights and insights leads him to bewilderment and hazard, but nothing can diminish it. He vows that he will 'in this mist at all adventures go' (II, ii). The Syracusan's intellectual faculties are never so vivid as his carnal ones. He is almost as brutal as his brother. Both of them are quick to beat their servants' skulls for similar audacities. They cherish in common a profound and unfunny antagonism to the woman Adriana. After making her acquaintance for an hour or two the Syracusan twin confesses,

She that doth call me husband, even my soul
Doth for a wife abhor. (III, ii.)

The Ephesian bursts into a fury against his wife for barring him mysteriously from their house. He orders a rope's end to be brought with a view to punishing her (IV, i). He even threatens to pluck out her eyes (IV, iv)! In short, his soul abhors her too. It is not the spirit of virtue in the twins that shrinks from the shrill lady. Shakespeare does not depict them as patterns of chastity. The Ephesian pays a bold homage to the harlot who runs the Porpentine inn. His brother makes love to Luciana shortly after their first sight of each other, and plans to leave her city the same day. The egoism of this fellow is oddly displayed by Shakespeare in his pretext for abandoning Luciana. Her charms, he says, 'almost made me traitor to myself'.

But lest myself be guilty to self-wrong,
I'll stop mine ears against the mermaid's song.
(III, ii.)

His scruples do not prevent him from accepting the wifely services of her sister; he lets Adriana labour under the impression that she is doing her duty to her mate. The promptitude of the twins in embracing female hospitality is nearly equalled by their good-will to men, especially men of their station in society. To these singular features we should add their mode of showing anxiety as soon as they experience a loss of money. All these touches of nature make them more than kin. The creator wisely relinquished his attempt (traces of which survive in three old stage directions) to mark the twins apart by styling the Syracusan 'Erotes'—the amorous—and his brother 'Sereptus'—the stealthy.

Incidentally, the poet gives two different statements of their age. In the first scene we learn that the Syracusan journeyed at eighteen in quest of the other. Since then, Aegeon remarks, five summers have passed, or, to be exact, as he is in the final scene, 'seven short years'. To the father, then, the twins are twenty-five years old. The mother dates their birthday earlier. 'Thirty-three years,' she declares, 'have I but gone in travail Of you, my sons' (V). We are sorry to miss the evidence of those she calls 'the calendars of their nativity'. The two Antipholi are presented as men of 'gravity' and 'serious hours', but demeanour is no index to age. Adriana in chagrin asserts that her mate is 'deformed, crooked, old and sere' (IV, ii). But can we trust her testimony in the face of the romance of his twin and her sister Luciana? We cannot even be sure that Dromio of Ephesus tells the truth when he says, examining Dromio of Syracuse, 'I see by you I am a sweet-fac'd youth' (V). The cause of the poet's discrepant chronology lies, I feel sure, in his revision of the play at different stages of his career, and may be of use to biographers.

I have been unable to locate in Latin or Greek literature the name that Shakespeare chose for his ego surrogates. There was a famous artist, a painter, named Antiphilus in the era of Alexander the Great. Possibly he was remembered by the dramatist when he cloaked his unconscious self as Greek for *The Comedy of Errors*. The principle of determinism in the choice of names still challenges us to elucidate Shakespeare's designation for his doubles. It strikes me that the spelling 'Antipholus' was intended characteristically for a pun. We know how fond the poet was of trifling with words; he could truly be called a pun-addict. Also well known is his conviction that by means of wit and drama he could purge the stupidities, the intellectual diseases of the world (2). In the light of these facts I suggest that the name of his heroes may be translated into English as *anti-follies*. Otherwise the appellation is just Greek to me. If I am right in this surmise it would help to explain Shakespeare's failure to record the reason for the twins bearing the same name. The humane development, the culture of his psyche would not permit him free rein in self-righteousness. As a foot of Fortune in marriage he must have felt uneasy in his posture of justice above the fools of the world. In the conflict between righteous

vanity and the woe and shame of his 'unjust divorce' the memory of the latter would suffice to make him oblivious of the motive for naming his protagonists Antipholus.

There is no difficulty in accounting for the name of the twin servants, Dromio. It is simply an Italian variation of the name the Roman playwright Terence bestowed on slaves in his first comedy, *The Woman from Andros*, in *The Self-Tormentor*, and *The Brothers*. Shakespeare unquestionably had Italian buffoons in mind when he created the brothers Dromio. A drum, by the way, was a typical property of clowns in his time.

As twin slaves of the Antipholi, one a bachelor like his master, all of precisely the same age, the Dromios could be viewed as simply burlesques of the aristocratic twins. They share certain qualities of their respective employers. The married Dromio, for example, expresses with his scullion Luce the lechery which his master has subdued and refined. The unmarried servant shows less carnality than his brother, and more religion and imagination. His spiritual attributes form a remarkable contrast of Shakespeare's dramatic method with that of Plautus, since the English artist modelled his Syracusan clown on the role that the god Mercury plays in *Amphitruo* as the double of the slave Sosia. The English poet transformed the divine Sosia into a human being with a rare talent for superstition, just as he charged the Jupiter who usurps Amphitryon's bed into a mortal proud of his chastity, with a rare talent for metaphysics. Between Plautus and Shakespeare, clearly, there was a progress of reason in theology, ensuing in the wake of a tremendous restriction of libido. The Syracusan twins, with all their fleshly frailty, are unquestionably superior in morals to the Roman gods. If the Roman dramatist has any advantage over Shakespeare in ethics, I would say that it consists of his superior passion for liberty. Plautus never lets pass an opportunity to express his sadness and hatred at the sight of humanity in chains. To Shakespeare's eyes the bondage of a Dromio was too light to be taken seriously. He seems to have enjoyed a feudal sense of intimacy between lord and labourer. Antipholus depicts the feudal idea when he warns Dromio not to let 'Your sauciness jest upon my love' because 'I familiarly sometimes Do use you for my fool, and chat with you' (II, ii). Their relation might be defined as even more intimate, anagogically. It is possible that Dromio incar-

nates the 'earthy-gross conceit' which Antipholus deplors in himself (III, ii), that is the vulgar and servile qualities of the genius who created them both.

The Comedy of Errors contains another set of mental twins, who have eluded the scrutiny of Shakespearean experts and critics. It is conceivable that the dramatist himself was not aware of their identity. Their likeness is drawn with so much dexterity and painstaking cleverness that I am inclined to think he meant them to be equals and opposites. He struggled cordially to discriminate them, and the opinion of generations of scholars on their portraits is proof that he was too successful. The cost of this success, in my opinion, is the defeat of the dramatist's honest intention, and injustice to the woman whom he sketched twice as the wife Adriana and her sister. There are good reasons for thinking that when Shakespeare outlined their characters he proposed, perhaps unconsciously, to limn two aspects or phases of the same lady, his own wife. Luciana would then represent the girl he made his bride, beautiful, tender, and gleaming with extraordinary wisdom; and Adriana would stand for the woman she became, or rather the creature Shakespeare fancied lay potential in his bride. In changing her image to the two distinct heroines he surpassed the metamorphoses of his favourite poet, Ovid, whose mythic transformations he constantly held in the 'quick forge and working-house' of unconscious thought.

The essential identity of the sisters emerges when we compare their characters in detail. The outstanding trait of Adriana is her shrewishness. Antipholus of Syracuse contrasts her with Luciana primarily on account of the unmarried sister's kind and courteous manner, her 'gentle sovereign grace' (III, ii). Next to this quality he adores her 'discourse', or adroitness in conversation. Now Luciana herself, though critical of her sister's headstrong attitude to Antipholus, testifies that

She never reprehended him but mildly,
When he demean'd himself rough, rude, and
wildly. (V.)

Shakespeare presents the shrew as a model of tenderness in the scene where she humours her husband, believing him almost insane—'poor distressed soul' (IV, iv). She exhibits her devotion to him in worry over his arrest for debt, which she hastens to pay off despite his torrent of insults. As for Adriana's 'discourse',

we have every reason to believe her when she affirms that her conversation has been dulled and her wit turned barren by the chill hostility of her husband. 'If voluble and sharp discourse be marr'd,' says she, 'Unkindness blunts it more than marble hard' (II, i). There is no sign that Antipholus ever acted toward her with generosity, except before their wedding, when she was certainly Luciana-like. The unmarried sister, however, is by no means exempt from Adriana's defects. She too can pour a swift shrillness of epithets on people who offend her (II, ii). Her volubility on occasions can be bluntly evil (III, ii). We may trust the judgement of Adriana when she states that her sister will want to 'bear some sway' after she weds, and upbraid her husband if he strays from home to linger in sirens' taverns. Apart from temper and talent in talk the girls are supposed to be distinguished by their looks. Adriana speaks as if 'homely age' had deprived her of virgin loveliness, but a moment later she declares that a 'sunny look' from her husband would quickly restore her beauty: 'he hath wasted it' (II, i). If he had never led her to the nuptial altar she would have glittered precisely as alluring as her sister and the hostess of the Porpentine, whom Antipholus praises as 'Pretty and witty, wild, and yet, too, gentle' (III, i). Shakespeare does not tell how old she and Luciana are. If there is any difference in their ages, it is not enough to cleave their souls asunder. They too are one.

In the names of the two girls, I suspect, the dramatist has informed us, in his paradoxical way, that they are twins. If we take Luciana to mean 'the bright one', by the facile substitution (in accordance with Grimm's law) of a *t* for the *d* in Adriana, we could translate her name as 'the dark one'. It may also signify the lucent or luscious one gone dry. (For my purpose it is unnecessary to render the last syllables of their names more concretely. To the reader who wishes to take them as meaning simply Anna, I answer: As you like it.)

It is not unlikely that Shakespeare designed these 'witches', as Antipholus of Syracuse calls them (III, ii), to stand for the great moon goddess of their city, Diana. Another name for the moon divinity, in the religion of ancient Rome, was Lucina. The Syracusan worships Luciana as 'more than earth divine', hails her 'Fair sun', and speaks of her sister as 'night'. In the writer's unconscious, according to my surmise, the feminine 'sun' was nothing but

the shining face of the moon. He symbolized her sister by the dark side of Diana. The name of this goddess might be interpreted, without stretching the patience of philology, as meaning 'the double one'. Frazer has observed that Diana appears in ancient myth like a partner of Janus, the two-faced god of Rome (3). The idea of the twofold deity could have provided our poet with the inspiration to change the setting of the *Errors* from Plautus's Epidamnus to Ephesus. Presumably he was tempted to keep the scene in Epidamnus, since the name appealed to his passion for puns and devilry. He made that town the birthplace of the Antipholi (I, i), and the Syracusan brother is told to pretend that he voyaged from there to Ephesus. When he plans to abandon Luciana his servant buys him passage on a vessel bound for Epidamnus. At all events Shakespeare made Ephesus serve his dramatic aims as a city of the damned. The Epidamnus of Plautus is a town of swindling, sponging, and seduction. Shakespeare's Ephesus is a town of deeds more dreadful, infernal crafts, 'And many such-like liberties of sin' (I, i). Its wenches, according to Dromio of Syracuse, are accustomed to cry, 'God damn me', which he says is equivalent to the prayer, 'God make me a light wench'. These girls are therefore worthy to function as ministrants of the moon. Dromio argues that their heavenly bodies are hellish: 'It is written, they appear to men like angels of light: light is an effect of fire, and fire will burn; ergo, light wenches will burn' (IV, iii). But Dromio, like his master, is an enemy of all things pagan, when these confront them in the flesh. For the illiterate Antipholus the cult of Diana would surely have poetic charms, with its visions of wildwood nymphs and vestals entranced or dancing by her silver flame. Outside poetry, however, he would agree with the illiterate Dromio that her religion was witchcraft or else sheer lunacy. Both master and slave are devout Christians—actually Roman Catholics—and according to Christian tradition the sylvan retinue of Diana eventually turned into ghosts and monsters, like the 'goblins, owls, and elvish sprites' whom Dromio sees everywhere in Ephesus (II, ii). In the period of Shakespeare a host of scholars were convinced that warlocks and beldames of hell worshipped her: 'in the night-times,' it is written, 'they ride abroad with Diana, the goddess of the Pagans' (4). The divinity receives no worship in Shakespeare's play because he converted Ephesus to a Christian

town. Nevertheless we can glimpse her 'sovereign grace', divided among the women of the comedy, performing its magic in the afternoon and dusk. She exercises her spells not only through the dextrous Luciana and the sinister Adriana, but also through the unnamed inn-keeper whom Dromio fancies might be 'Mistress Satan' (IV, iii).

By the supernal power of sex which Diana represents the characters are all flung into craziness. True, this does not occur until the hero Antipholus of Syracuse sets foot in the city. Shakespeare toiled hard to impress us with the notion that Antipholus is ever on guard against the power of sex. How could he act as the prime mover of its madness in the comedy? My answer is that, despite his piety, he is the evil 'genius' of the *Errors*. To each of the women in it his apparition radiates a satanic magnetism, of which he is blissfully unaware. His Dromio seems to comprehend this. When Antipholus warns the hostess of the Porpentine, 'Avaunt, thou witch!' Dromio dryly remarks: 'Fly pride, says the peacock' (IV, iii). Apropos of the peacock, we recall that the bird was a companion of the goddess Juno, in whom Frazer has discerned a twin of Diana (5). So the Syracusan may rightly be regarded as a minion of the moon. Wherever he walks it looks as if lunacy prevails; no wonder he must ask himself,

Am I in earth, in heaven, or in hell?

Sleeping or waking? mad or well-advis'd? (II, ii.)

He might well speak of his experience in the words of another of Shakespeare's heroes:

It is the very error of the moon;

She comes more near the earth than she was wont,
And makes men mad. (*Othello*, V, ii.)

The adventures of Antipholus prove to be 'well-advised'. He manages to enjoy himself among the Ephesians, and unites with Luciana in the end.

The omission of the moon-goddess from Shakespeare's *Errors* was probably dictated by discretion more than religious propriety. The educated subjects of Elizabeth were accustomed to hearing the Virgin Queen extolled as the English Diana, and literary allusions to the divinity of the moon were frequently assumed as simply an opinion of her Majesty (6). Shakespeare apparently endeavoured to banish all thought of Elizabeth from the minds attending to his farce. Perhaps he remembered the

penalty inflicted on his forerunner Richard Edwards when that comic dramatist referred to classic Greek personalities in language that was construed as criticism of some Tudor courtiers (7). Shakespeare could not afford to have any wit of the royal court construe the function of Diana in his comedy as a joke on the Queen. He described the city of Ephesus, remember, as a hotbed of black magic, swarming with

Dark-working sorcerers that change the mind,
Soul-killing witches that deform the body. (I, ii.)

If he had introduced the goddess of these magicians in the play he would have risked damnation as one who hinted that Elizabeth was the mistress of mountebanks and hell-hags. Insofar as her Majesty is glanced at in the *Errors* it is through the glare of the authority of Solinus, the 'sweet prince' of Ephesus. The Duke is barely more than an abstraction, law and order incarnate. The first syllable of his name, Sol, would serve to ward off suspicion that the poet delineated him as a deputy of Diana, the antagonist of the sun. Solinus will not stand for nonsense and moonshine; he is emblematic of system, a foe of anarchy, indeed a deputy of the superego in us all.

So Shakespeare expelled the magnificent moon-woman from *The Comedy of Errors*. A quick look at a concordance tells us that the moon is not mentioned even once. Yet the shadow of the goddess is perceptible in every scene. She glows above the heads of the women in their excitement or serenity and broods tenebrously over the men. When the young Shakespeare wrote the comedy, in the darkness of his unconscious, he must have offered a mocking reverence to her 'whom all Asia and the world worshippeth', and echoed the cry of the silversmiths against the apostle Paul: 'Great is Diana of the Ephesians!' (*Acts of the Apostles*, xxix, 28).

To the learned of Shakespeare's period Diana was the goddess of virginity. Luciana would therefore seem to be a truer embodiment of the Diana ideal than Adriana. Let us not be deceived by this seeming. The emphasis of the poet on the 'unviolated honour' of the wife, her horror of the licentious (II, ii), her lack of offspring, and the gestures of frigid purity that drove her husband to the Porpentine inn, prove her deserving of a vestal's glory.

Shall we assert to the proof? Is it not also seeming, a tissue of ostensible truth? We have seen Luciana portrayed as a temptress, a siren

luring the bachelor Antipholus to 'self-wrong'. Shakespeare in fact makes her an advocate of hypocrisy. In the belief that Antipholus is her brother-in-law, she instructs him to execute his lust by stealth: 'Teach sin the carriage of a holy saint; Be secret-false' (III, ii). The purity of her sister is no less illusory. Some may reject the accusations of her husband—'Dissembling harlot!' 'O most unhappy strumpet!' (IV, iv)—as products of fallacy, brought on by the revelation that she welcomes an unknown man in his absence. Those who think so should try to explain the slip of her servant Dromio's tongue when, early in the play, he talks of her husband's delay in coming home: 'Why, mistress', he blurts, 'sure my master is horn-mad.' She responds at once to the indictment of adultery. 'Horn-mad, thou villain!' He hastens to correct himself, 'I mean not cuckold-mad' (II, i). From the psychopathology of such mistakes we can deduce a hint of veracity in Dromio's slip. Apparently his master has behaved like a man stung by fancies of his wife's adultery long before her afternoon's entertainment. Is it conceivable that the headstrong Adriana had done absolutely nothing to promote those fancies? Hours before he calls her strumpet she weeping brands herself with the stigma. She calls herself a 'stale' of Antipholus. Later, in fantasy of his own sins, she announces:

I am possess'd with an adulterate blot;
My blood is mingled with the crime of lust.
(II, ii.)

Her basis for this self-accusation is a mere metaphor of marriage, that she and her mate are in wedlock one. Under the tones of uxorious indignation we can detect the voice of repressed sensuality, just as, under the chambers of Adriana we find dwelling the kitchen-wench Nell, or Dowsabel, whose lascivious advances frighten Dromio of Syracuse. The acuteness of Shakespeare's unconscious satire on the virginal sisters may be perceived in the third name he invented for the obscene kitchen-wench. He also calls her Luce, as if to invite comparison with the chaste yet hypocritical Luciana.

The truth is that the sisters, like the brothers, are impure in heart. Among the paradoxes of the comedy the confidence they display in their virginity and virtue is perhaps the most absurd. They are all sinners, all fools—what you will: 'Smother'd in errors, feeble, shallow, weak' (III, ii).

2

Our investigation of the *Errors* thus far leads to the conclusion that the comedy was precipitated out of the poet's unconscious by marital troubles and disaster. We have still to elucidate the riddle, what made a gentleman of his courage and intelligence prone to sexual conflict and disaster? How did he ever come to entertain strangers as lovers? His marriage could not have been the first enterprise of this sort. Before he married he must have committed other erotic errors more or less like those he has caricatured in his play. In all his affairs of the heart, we may be sure, the blind god Cupid led him blind, quelling his intelligence and making his courage flare up. In the mist of passion he would go at all adventures, no matter what tortures and remorse might follow. The Narcissus in him could usually single out somebody to blame for his stumbling and sprawls. If not, there was always fortune to be cursed, or his birth stars.

The answer to our riddle must lie in the nature of this Narcissus in Shakespeare, the colossal self-love which could project itself into the twin heroes of the comedy and have enough energy left to make their twin clowns and other characters ruddily vital and radiant. From the Narcissus pool of his soul he drew the power—and 'will in overplus'—to surmount the tragic defeats and comic humiliations of his life. From mysterious fountains in the same pool his ego also drank sweet poison, mistaking jets of self-pity for the elixir of self-love, and so steeping itself in a melancholy that not seldom resembled madness. It was in flight from the peril of utter unreason that Shakespeare wrote *The Comedy of Errors*. For the play not only endeavours to explain the struggle of the poet's conscience with an event; it struggles to explain the poet, to assist the understanding of the stranger he felt was himself. To love oneself and win self-knowledge: is the feat possible?

So far as Shakespeare had the strength, when he composed the *Errors*, to venture the feat—he handicapped by his terror of baring himself to taunts and mental rapine—he did it in meditation and development of his 'personae', the two Antipholi. Naturally he endowed them with his admirable traits—his dignity, his noble charity and generosity, his affection for the arts of peace, his grace to women and good-will to men. Dignity or honour obliged him to add his less attractive traits—his impulses to jealousy and revenge, his severely controlled lust and

ferocity, and the will to lie, steal, mutilate, or kill. We have already noticed how the Ephesian, on being locked out of his house, commands the purchase of a rope's end to lash his wife, and later, when she brings a doctor for his distraction, threatens with his own nails to pluck out her 'false eyes' (IV, iv). In a parallel scene of the *Menaechmi* the slave Messenio threatens to gouge out the eyes of some men who are trying to drag his master off as a lunatic. The memory of this probably lurked in Shakespeare's mind when he pictured the half-crazed husband menacing his wife. Antipholus vents his sadistic wrath on Dr. Pinch instead, applying fire to his beard, extinguishing it with pails of puddled mire, while his servant nicks the doctor with scissors (V). Meanwhile his brother turns thief with the golden chain that the Ephesian wished to give a courtesan to spite his wife. The theft ensues on the dinner which the Syracusan has obtained from Adriana by turning cheat. Afterward he and his Dromio scare off the two sisters and the courtesan with naked swords (IV, iv). These little larcenies and bestialities recompense the twins for their grand refusal to tread the path of unholy dalliance and adultery.

It is curious to see how the bachelor brother treats the house of Adriana like an inn, and makes love to one of the hostesses, immediately before the espoused one determines to dine at the inn whose mistress Shakespeare merely names Courtesan. In neither episode does the house become a brothel, like the home of Erotium in Plautus, where Menaechmus the newcomer dines with the prostitute at his brother's expense. The wish, which George Meredith styles sentimental, to get pleasure unpaid for is obviously behind the comic conception of both playwrights. But Shakespeare's horror of indulging the wish deprives his play of much humour. He presents Antipholus of Ephesus as a paragon of idealism in morals. 'How dearly,' says his wife, 'would it touch thee to the quick, Shouldst thou but hear I were licentious.' She conjures a vision of him tearing the wedding ring from her finger to 'break it with a deep divorcing vow' (II, ii). Less than two hours later her husband gives the hostess of the Porpentine the chain he had promised Adriana, and takes or snatches a ring from the courtesan (IV, iii). It is likely that Shakespeare considered this a token of second wedlock, a marriage made in hell.

In the poet's self-portraiture his attitude to

matrimony reveals a profound and painful ambivalence. Luciana lectures her sister on the divine rights of the male in wedlock and the necessity of obedience in wives. The essence of this sermon runs veritably through all of Shakespeare's dramas, apparently integral to his dogmas of church and state. At the same time he preaches the doctrine that male and female are incorporated at the wedding altar into one. By this ritual the wife partakes in the godlike rights of her mate, and therefore can limit or confine them. She can demand obedience from him. Shakespeare recognized the privilege, the sovereignty of the wife, yet could not bring himself to admit it frankly. Instead he tossed in childlike anguish between the horns of his dilemma.

The heroines of Plautus exhibit a pride of sex, or sense of feminine dignity, unknown to the women of *The Comedy of Errors*. Alcmena refuses to endure her husband's charges of unchastity. She demands her goods and slaves from him and prepares for divorce. The wife of Menaechmus, lacking her solitary strength, still castigates her husband for his thieving, and summons her father to protect her from outrage. Erotium is stronger: she storms at her double-crossing lover and drives him out of her house. The men in the *Menaechmi* and *Amphitruo* are forced to appease, cajole, and act subservient to their women.

Except in the case of Aemilia, Shakespeare commands his ladies to act subservient to their men. Even that grand dame mainly functions as a guardian of her men, and condemns the woman who troubles their voluptuous peace. The freedom that Aemilia enjoys from sexual bondage is the outcome of her holiness. She is a governess of nuns. For women who did not covet the virgin's gloriole, and set their hearts on independence, the poet seldom had anything but anger, mockery, and tears.

At the root of his agony seems to burn the irresistible urge to embrace strangers as lovers. His ego, as I conceive it, constantly hunted for objects on whom to shower the surplus of his libido, and invariably learned that the objects were doomed to be foreigners. Again and again he must have tried to join an alien soul to his own and waked from the dream of friendship or the honeymoon aghast and bewildered by the discovery that he was once more alone with the unknown, marvelling like his Antipholus:

What! was I married to her in my dream?
Or sleep I now and think I hear all this? (II, ii.)

The plot of *The Comedy of Errors*, if we interpret it truly, will provide us with clues to the mystery of the poet's tendencies in love.

Ordinarily when one hears the popular phrase, a man's better half, one thinks it refers to his wife. Sir Philip Sidney employed it in his *Arcadia* as equivalent to true-love. When Shakespeare uses it—or a variant—we cannot tell what he means. Sidney's usage appears to be intended when Antipholus of Syracuse appeals to the stranger Luciana as 'mine own self's better part' (III, ii). Earlier in the comedy we find the phrase aimed differently. Adriana, reproaching the man she fancies is her husband, exalts herself as 'better than thy dear self's better part' (II, ii). If we take this as a boast of superiority to the woman of his heart, we are confronted with an enigma. Who could this rival woman be? Judging by Adriana's jealousy, we might guess it is her husband's courtesan, though the wife gives no sign of having information about the temptress of the inn. Adriana simply suspects that his eye offers 'homage' somewhere (II, i). It is surprising to hear her, suddenly definite about his alleged sin, allude to the rival with the phrase of respect. Presumably Shakespeare designed it here for irony. The rest of Adriana's speech, however, is so earnest and tragic that we feel it imperative to search for a deeper design.

She pleads for compassion to the frostily intellectual Antipholus of Syracuse:

How comes it now, my husband, O! how comes it,
That thou art thus estranged from thyself?
Thyself I call it, being strange to me,
That, undividable, incorporate,
Am better than thy dear self's better part.
Ah, do not tear away thyself from me,
For know, my love, as easy mayst thou fall
A drop of water in the breaking gulf,
And take unmingled thence that drop again,
Without addition or diminishing,
As take from me thyself and not me too.

Thus Adriana sees her husband's inner existence as a structure of three parts: himself, a 'better part', and herself, the best, the only one she calls estranged.

With the probe of psycho-analysis we are able to explore the identity of the second person of this trinity, and determine the moment of her mingling with the hero's self. Shakespeare has betrayed her unaware.

The simile Adriana employs for her spouse's original ego—a drop of water—is familiar to Antipholus, since he has employed it in soliloquy

for himself. In one of his first utterances in the play he muses:

I to the world am like a drop of water,
That in the ocean seeks another drop;
Who, falling there to find his fellow forth,
Unseen, inquisitive, confounds himself. (I, ii.)

The 'breaking gulf' of Adriana's speech recalls the comparison of matrimony to a sea. The ocean of Antipholus he himself compares to the world. It strikes me as a less extensive vastness. Long before Edward Carpenter consciously thought of sex as oceanic, poets and other visionaries had established the likeness in their dreams, and written rapturously about the ocean unaware of its sexual analogy. The real meaning of Antipholus's ocean springs to view in the lines of his soliloquy that follow the mournful image. In these verses the 'fellow' he seeks becomes twofold:

So I, to find a mother and a brother,
In quest of them, unhappy, lose myself.

The emergence of the mother in the goal of his search may perplex us after reading the reference to his fellow, especially when we remember that Aegeon had not mentioned the mother as an object of his boy's voyages. No such motive appears in the *Menaechmi*, where the twins' mother, Teuximarcha, is named once and conveniently forgotten. In *The Comedy of Errors* the mother Aemilia plays a majestic and strategic part. Until the last scene, only her Syracusan son manifests a faith that she is still alive, but he manifests it only in these two lines. Shakespeare obviously found the subject too venerable or extremely touchy. My readers may seize this occasion to protest that the brother of Antipholus could not be sanely regarded as an object in the ocean of sex. Granting they are right, at the hazard of their tolerance, I am tempted to suggest that the 'fellow' whom Antipholus yearns to find is in a potent sense feminine. In view of my belief that the Syracusan is a 'genius' or demon double, it is logical (by the laws of folklore) to assume that he is seeking a body, a material form. Insofar as the Ephesian is earthier and more matter-of-fact he performs this material function. Since earth and matter are from ancient times symbolic of the maternal, I am led to wonder if the 'water' Antipholus longs for is not—more than just feminine—motherly?

In consequence of this reasoning we have to translate the quest of Antipholus for reunion with his mother as a dream-journey of desire

for rebirth. In dreams, and in dramas too, 'Birth is almost invariably represented by some reference to water: either we are falling into water or clambering out of it, saving someone from it or being saved by them, i.e. the relation between mother and child is symbolized' (8). Shakespeare in fact nearly stripped away the last web of glamour between our scientific insight and his poetically concealed sperm-drop endeavouring to reach the womb. It will be noted that Adriana speaks of a drop of water falling in, and then being taken from 'the breaking gulfs'. To the woman there is hope of ultimate redemption for the 'drop'. To the malcontent Antipholus the falling drop is fated to devastation, to 'confound himself'. Nevertheless he travels on, 'unseen, inquisitive'.

Just as he fancies himself confounded and lost in the ocean of the world, he looks with fascination on the city of Ephesus and resolves to wander through its labyrinth of streets: 'I will go lose myself' (I, ii). Shakespeare was well acquainted with the poetic practice of hailing cities as foster-mothers. His fellow-playwrights (for diverse examples, Thomas Watson and Thomas Dekker) fondly alluded to their birthplace London as a mother. To Shakespeare the metropolis must have seemed a stepmother, with all the charms and criminal appetites of stepmothers in fairy tales; for many years London let him starve for love.

At this point the sceptical reader will have ripened for me a cluster of pungent questions. Among the foremost perhaps is this: Will the venerable Aemilia fit into the equation which Adriana proposes for her distressed mate's ego? In other words, Is the mother his dear self's better part?

From the text of the comedy I have extricated but one piece of proof that Aemilia is the true rival of the wife in the heart of her son. In the final act Antipholus of Syracuse, flying from the wife and her compatriots, escapes into the sanctuary over which the long lost Aemilia rules. She and the Syracusan are of course ignorant of each other's identity. Adriana, frustrated, demands from Solinus protection of her marital rights, not knowing the relation of Aemilia to her man: 'Justice, most sacred duke, against the abbess!' Her grievance plainly sounds as if the abbess had stolen her beloved. Unconsciously, so to say, Adriana has fathomed the abyss of the Antipholus mind. Old customs of matrimony ordain that a man shall hold his wife above his mother in the scale of his values.

The spouse is generally judged more valuable in political economy. So the miserable girl is justified in claiming that she is better than her husband's 'better part'. Love, notwithstanding, laughs at her priority. Safe in the bosom of the priory church the 'genius' Antipholus can defy both wife and duke. The genuine Antipholus, by the dictates of Shakespeare's reality principle, stays outside the sacred refuge and faces the music of political economy. On his ego wounds the abbess cannot perform the miracles which her 'wholesome syrups, drugs, and holy prayers' promise the spirit from Syracuse. With the confidence of maternal power she expects 'To make of him (the fugitive) a formal man again'. But she is powerless to make a healthy head of a family out of the profane or 'natural' son.

A sequel question we have to meet is—How could Aemilia be the 'better part' of the twins when one of them extols Luciana as his better part? The evidence for my answer is scanty and fragmentary, but it is the best we could hope to obtain from the poet at the stage of his self-knowledge and self-revelation where he wrote his *Errors*. My answer is twofold. When the Syracusan makes love to Luciana the poet revels in the illusion that the mother's image in this interval is demoted in his heart. And in that interval he is eager to entertain a stranger as a lover. The poet's unconscious remains undeceived by the gesture of demotion and goes ardently ahead with its drive for the assimilation of Luciana to the image of Aemilia. Whatever real person he had in view when he conceived the younger character vanished while the erotic scene was plotted; or rather her memory dissolved into the familiar and permanent memory of his mother. Luciana could become the 'better part' of Antipholus solely by metamorphosis into Aemilia.

At once the vigilant reader will inquire, Does this mean that Aemilia is a simulacrum of the goddess Diana? I think, no. Diana in the drama—insofar as she is visible—is actually a simulacrum of Aemilia. She has been converted from pagan goddess to Christian abbess, from a queen of vestals to a governess of nuns. That is why the influence of the Ephesian moon-woman is felt throughout the play. The influence of the mother assumes the mythical radiance. She is the goal of the Syracusan's journey and therefore the driving force of Shakespeare's plot. In the love song of Antipholus to Luciana I find a faint proof of her

immanence in the moonshine of the dramatist's soul. He imagines her sister weeping continually till she creates a 'flood of tears'. Then he begs Luciana not to drown him in the flood—not to unite him to Adriana out of pity—since he wants her alone for his love:

Sing, siren, for thyself, and I will dote:
Spread o'er the silver waves thy golden hairs,
And as a bed I'll take them and there lie. (III, ii)

The waves are silver, we know, because the moon beams on them. By what magic could the golden locks of Luciana fall on her sister's silver tears? Only by identification of the two. This becomes possible to fantasy if we translate them into phases or aspects of a personification of the moon. But Antipholus does not dream of reclining on the moon; he visions himself on a white-crested sea. In the language of homely reality, he wishes to lie on his mother's breast and suck her milk. We can now understand why the two sisters, the bright and the dark, may claim to possess parts of the hero's self. Having convinced his ego of their semblance to his mother, they gained admission to her fane in himself and in turn enjoyed his idolatry. In exchange for this reverence they had to give up his love. Loving them signified to him 'self-wrong' and internal treason, i.e. betraying the maternal deity erected by his ego in childhood. Since the goddess belonged to none but himself, worshipped without prospect or hope of sexual intercourse, she could reign in his unconscious both as mother and as virgin. This psychic contradiction has its mythic parallel in the cult of Diana, who was revered for her strict and frosty chastity and adored for her warm sympathy with women giving birth. In the sanctuary of Diana at Rome her statue displayed many breasts, as if she herself had known the bliss of maternity (9). The Roman women, delivering their babies, invoked the assistance of Lucina, the moon. Aemilia's children are restored to her at the end of the comedy, and Shakespeare down-rightly indicates her stature in their twin minds. He denies the daughter-in-law an apology for Antipholus's truculence or a pardon for her faults. For the sake of popular romance he bestowed on Luciana three lines of reassurance of the other brother's love. There is no mistaking the significance of the happy ending. It is joy over the return of the twins to the supreme love of their life. For the sake of this overwhelming attraction one Antipholus is

cruel to her rivals, and the other hardens his heart to the allurements of girls. Under the mask of the abbess we discover the secret cause of her son's unjust divorce. From some abysmal temple in his brain her moon-coloured idol governs his sexual tides. She is a jealous goddess, and will have no other mistresses before her. Union with another is iniquity to her, and she is never slow to revenge the sin. In retaliation for her child's efforts toward liberty, to hunt for a new love elsewhere, she flogs his ego from her stronghold in his head, with silver cords.

The wish for maternal pillow and milk brings to the surface of the dramatist's mind the idea of death. In the 'glorious supposition' that Adriana's tears and Luciana's hair have been made a bed for Antipholus, he is ready to believe 'He gains by death that hath such means to die'. In the midst of his ecstasy the thought of extinction becomes sweet to him. Why? The sole reply that occurs to me is that the mother in the dramatist's mind must be dead. Whether the woman in whose image he fashioned his goddess was really in her grave is a question beyond our present interest. Our business is to explain the connexion in Shakespeare's drama of the thoughts of mother and death. The apparition of Aemilia near the final curtain, like a *dea ex machina*, leaves me with an inkling that she is a holy ghost. Her sacredness is stressed to a degree unworthy of mortals, summoning to mind the observation that humans must perish before they turn angelic or divine. We can glimpse the phantom character of the abbess more plainly when a minor individual of the play defines in her presence the background of her home:

... the melancholy vale,
The place of death and sorry execution,
Behind the ditches of the abbey here. (V.)

The odour of tombs and hecatombs hangs over the happiness of the comedy's last scene. Could such things be close to the mother of the poet's doubles if death was not irrevocably close to the poet's own mother in his thoughts? Alert readers of the play will note the curious fact that Shakespeare designates the home of Aemilia an abbey and also a priory. She herself is always called abbess. In view of the poet's passion for paronomasia we may wonder whether he sensed a likeness between the spirit of the abbess and the abyss, the 'vale', behind her house? The airs of both are sublime and

malignant, capable of blasting mortal happiness. If our assumption of their likeness is correct we can proceed to unravel some of the most tenacious knots in the drama. The flourishing of the metaphor in the poet's head would mean that he regarded the matrix not just as a fountain of life—Adriana's 'breaking gulf'—but as a desert of death too. This ambivalence of his concepts of the womb and vagina would account for the antithetical nature of his two heroines, the lucid and cool yet golden Luciana and her arid and hot yet night-hued sister, each an embodiment of the divine mother in the dramatist's brain. When he regarded females as distinct personalities (aliens) his endopsychic mother acted as their prototype, the pattern of all beauty and wit. When he regarded them as creatures entwined in his destiny (lovers) she acted as their severest critic, an implacable competitor of the whole sex. In her activity as the model of loveliness she fomented tempests in his libido; in polar opposition she obstructed it, lifting before his mind's eye the rock on which the loves of his life were wrecked.

The rock in the sexual sea on which Aegeon's family-ship was split is specifically a symbol of the male organ which children often believe the mother possesses within her vagina (10). The infant mind, detecting the absence of the penis in infant females, commonly concludes that they have lost it, that the instrument of virility was mysteriously excised. The idea that stronger, elder females may have retained it persists, and mothers who evoke dread in their sons by exhibiting masculine qualities frequently appear in their dreams with the organ in full view; or else the nightmares show them brandishing emblems of it. By the poetic mechanism of displacement people shift their sentiments of dread from the clitoral zone to the mother's or vampire-woman's 'hard heart'. When the stony bosom surprises her children by abruptly yielding milk or kindness, folklore pays tribute to the sublime woman by picturing her as a rock which miraculously lavishes a reviving liquid when struck by a magic wand. In the *Errors* Shakespeare paid tribute to the sublime woman of his dreams by picturing her as an abbess, which may well be englished as *she-father*. It was the assertion of her masculinity in his unconscious that obstructed his endeavours to love other women. Whenever he engaged in sexual union he became acutely aware of the void in the vagina, and suffered the fear of losing his penis. Fantasies of his own castra-

tion blazed in his mind. Under the agony of such thoughts his ego prostrated itself before the maternal image and begged for mercy, repudiating the pursuit of happiness everywhere else. In short, he spiritually castrated himself. Having made himself a eunuch for the goddess's sake, he could approach her bosom with confidence and nestle down to delectable oblivion. We witness a theatrical mimicry of the act in the entrance of Antipholus to his mother's abbey. Cut off from his living family, the hero approaches the rock of the church and it opens to admit him, with the promise of 'wholesome syrups' and holy whispers for his peace. Secure within the rock, lulled by his illusion of Catholic death, he could smile defiantly at remembrance of marital or political economy. Not the legion of hell nor the populace of Ephesus could prevail against the maternal stone. Nevertheless the ideas of castration and death were always associated in the poet's head with pangs of cuts and mutilations, sights and smells of blood, visions of skeletons and severed skulls. Even in the final felicity of his play the horrible recollection of such things sticks to his poetry.

Shakespeare was probably persuaded to let the last act take place among these ghastly adumbrations by reasons of dramatic economy. He wanted to disclose the brothers' identity and restore them to their parents on the same street where Aegeon was being led to execution for violating the law of Ephesus.

This entrance of Aegeon reminds us that we have yet to reckon his part in the ego of the dramatist. Surely, if the abbess is the image of Shakespeare's mother, the tragic merchant must somehow stand for his father. Judging by the play we would imagine that the dramatist did not live in awe of his mother's husband. Aegeon does not glow for us with the flame of ideality. He warms us with embers of a singular humbleness, the emotion of a man who knows how little history he is able to make. Shakespeare spends no moonrays of theopathy on him. He seems to have felt for the ineffectual old man a filial pity, bordering on disdain. Since he often felt similarly toward himself, experiencing failure after failure, the poet unconsciously installed his father close to the centre of himself, opposite but intimate.

So intimate was their psychic valence that it might be considered identification. There are moments in the speeches of Aegeon when the voice of the poet can be clearly heard. For

instance, in the father's narrative of the calamity that divided his family. He states that when the tempest menaced his ship not far from Epidamnus the sky conveyed to his thought 'A doubtful warrant of immediate death', which he himself 'would gladly have embrac'd'. We are granted no reason for this gladness in the face of the danger to his wife and babes. It makes sense only if we recall that the sea is a symbol for sex and drowning, to Shakespeare's unconscious, a mode of reunion with the mother. The poet is thinking of his own wife and offspring when Aegeon reports that the incessant weepings of his wife and the 'piteous plainings' of the infants forced him to hunt for means of rescue. Aemilia does not impress us as a lady capable of incessant weepings, but Adriana is almost perpetually in tears. Finally, at the end of Aegeon's tale, it is the son, brooding over the central tragedy of his life, the loss of maternal love, who sighs:

Thus have you heard me sever'd from my bliss,
That by misfortune was my life prolong'd,
To tell sad stories of my own mishaps.

The misery and impotence of the son provide us with a mirror of the woeful and ineffectual life of the sire, a mirror which emits the virtues of the father and the genius of his boy. Barring these features, our verdict is bound to be that Shakespeare's personality was precisely what we should expect from the flesh of the heir to his father's natural shocks and outrageous fortune.

Naturally the paternal position in the dramatist's mind was not a static one. During remembrance of the father's fulfilments of claims to the mother's labour and love, the radius between Shakespeare's ego nucleus and the paternal image would certainly widen, and sparks of hate shoot across it. To the boy's way of thinking, the mother belonged to nobody but him. Intruders on their sacred privacy merited all extreme penalties known to savage and child. The father's intrusions were especially resented, because the world and the mother sanctioned them as good or just. Nobody but the boy seemed to object to the divorce of his mother and himself. On such occasions he could contemplate the thought of the father's extinction with a stern joy, the joy of justice done. Doubtless he exhausted his fancy in devising perfect punishments for the old man, according to the law of talion.

The memory of a particular paternal intru-

sion may have burnt in the poet's unconscious when he invented the legend of Aegeon. He sentenced the old man to death for having dared to enter the precincts of the holy city of Ephesus. Mercantile enmity—so runs the legend—incited the city of Diana and Syracuse to proclaim a state of hatred between them. They decreed a halt of their traffic and intercourse, and resolved, as Duke Solinus puts it,

. . . if any, born at Ephesus,
Be seen at Syracusan marts and fairs;
Again, if any Syracusan born
Come to the bay of Ephesus, he dies. (I, i.)

Aegeon is doomed to decapitation for dropping his anchor in the bay of Ephesus. He can be forgiven only when his sons regain the mother.

Here I will chance the suggestion that the name Syracuse may be interpreted as a pun. Since the dramatist altered the location of his comedy from Epidamnus to Ephesus, but preserved the home of his hero in Syracuse, I felt it necessary to examine the name for a possible motive for keeping it. Since it is pronounced Syracusa throughout the play, construing it as *Sire-accuser* did not strike me as too fantastic.

It has probably occurred to the alert reader that the name Ephesus may also be a pun. As a city of enchantment and witchcraft it may well have appealed to the poet as a region which effaces the true identities of men and women and puts in their places moon-animated effigies.

If an accusation of Shakespeare's sire prompted the invention of the framework of his plot, another accusation provided the substance of its middle event.

The first scene of Act III, perhaps the oldest portion of our palimpsest, communicates through its metrical antiquity a major trauma of the poet's childhood. Antipholus approaches his wife's door and finds himself locked out. His Dromio calls for servant-girls (all having English names) to open the door. The other Dromio, snug inside, inquires,

Dost thou conjure for wenches, that thou call'st
for such store,
When one is one too many? Go, get thee from
the door.

The persons in the house are eating a commonplace meal. With these words of Dromio the dramatist conjures up a different feast. The clown is informed that the 'master' stands outside; he pretends to be touched:

Let him walk from whence he came, lest he catch
cold on's feet.

Now psycho-analysis conjures up a vision of the child Shakespeare straining at the door of his parents' chamber and clamouring to get in. Possibly his humorous father responded in the Dromio way. Antipholus knocks at the barrier hard and listens to Luce the kitchen-girl deride him: 'Let him knock till it ache'. He rages, 'You'll cry for this, minion, if I beat the door down.' The droll inside remarks that the town is 'troubled with unruly boys'. Adriana orders the newcomer to go away. Injured and perplexed, he lingers there, unable to comprehend how his woman could be so frozen-hearted when he stood in need of her warmth. In the autumnal gloom of his heart he murmurs, 'There is something in the wind, that we cannot get in.' His slave replies, 'You would say so, master, if your garments were thin. Your cake here is warm within; you stand here in the cold.' The forlorn master wishes he had an iron crow to wrench his way in.

Obscene notions raced through the dramatist's brain as he wrote the scene. He recalled the passage in Plautus where Amphitryon, knowing that his wife is entertaining a stranger and unable to gain entrance to her quarters, cries out that he will break in the door, and swears to destroy whomever he sees in his path, wife, father, anyone. No sooner does he raise his arm to execute his oath than Jupiter's thunder breaks from the heavens to arrest him. Amphitryon falls flat before the sound of the god. The piety of the Latin poet seems to have stirred Shakespeare to derision of the divine thunder. In the corresponding scene of his comedy the memory of the celestial admonition is evoked by a mere reference to the breaking of wind. The connexion between the anal and the heavenly thunder was long ago pointed out by psycho-analysis (11). That Shakespeare associated paternal efforts at dictatorship with flatulence may properly be disputed. We cannot doubt that he associated paternity with wind. The symbolism of the pompous epithet he invented for the sea, in the first scene of his play, cannot be comprehended otherwise. He calls it 'the always-wind-obeying deep'. The resistance of the real sea to air-force counted for nothing in his mind when he thought of the sexual sea, in particular his amorous mother, and her submission to father-force.

The memory of his banishment from the mother's room excited ideas of libidinal rancour and amorphous fears. Death-wishes against her and his father, too, must have surged in his

head at the time of the trauma, and colliding with pulses of incest produced an unvanquishable terror, a terror he never overcame (12).

A friend, Balthazar, dissuades Antipholus from attacking the door, assuring him that the honour of his wife is unviolated:

—your long experience of her wisdom,
Her sober virtue, years, and modesty,
Plead on her part some cause to you unknown;
And doubt not, sir, but she will well excuse
Why at this time the doors are made against you.

The friend warns him that violent entrance would bring down on his head 'vulgar comment', mob ridicule and calumny,

That may with foul intrusion enter in
And dwell upon your grave when you are dead;
For slander lives upon succession,
For ever housed where it gets possession.

Antipholus calms down, and determines to visit the wild hostess of the Porpentine inn,

Since mine own doors refuse to entertain me,
I'll knock elsewhere to see if they'll disdain me.

And so the scene ends.

What little master Shakespeare did when he departed from the forbidden chamber, we can reasonably surmise. Unruly boys of genius are as prone as the dullest lads to the frenzy and torpor of masturbation. When he grew up he wreaked a vicarious vengeance on his parents. He contrived in imagination to get his 'spirit', inside the coveted dwelling, with all its cakes and ale at his disposal, while his carnal self (in empathy with the father as husband) stayed outside with fever and chills.

Shakespeare never lost the conviction that slander was a family heritage, like a curse among the ancient Greeks. It is my conviction that he unconsciously proved it true, by rehearsing again and again, in young manhood and old age, in various disguises, the fatal scene of his infamy, thus inflicting on his children the iniquity of his parents. This repetition compulsion traverses and threads together all his dramatic works.

The sadism of the fantasies Antipholus indulges in after his exclusion reminds me that my summary of Aegeon's death sentence omitted a detail of grave importance psychologically. He is formally condemned because of his inability to pay an exorbitant fine, a thousand marks. The Duke grants him a day in which to collect the money among the Ephesians. By the lucky discovery of his rich sons the old man

comes within reach of it, but Solinus releases him from the fine. Money and its worries are never remote from the dramatist's mind. His Syracusan double, in the first act, is fearful that he may lose a thousand marks of his own. In the next act he is portrayed as obsessed with the idea of his gold. In the third he gets the chain his brother had requested and comments on the acquisition with pleasure:

I see a man here needs not live by shifts,
When in the streets he meets such golden gifts.

Later the Ephesian double is arrested for debt to the goldsmith, and the money for his freedom is given to his twin. We are not told the metal of the courtesan's ring, but there is no need to know. The poet's obsession on the yellow treasure is manifest without it. We note that he manifests it, not in ordinary conditions of trade, but luxuriously or anxiously. It glitters for him as gift, fine, or debt. One would think that he suffered from the craving to obtain it free and the dread of losing it. These emotions generally run high in the syndrome of the melancholiac. Psycho-analysis has linked his terror of poverty with the peculiar mode of sexuality known as anal erotic, which frequently explodes in demonstrations of sadism (13). In melancholy the passion for excrement characteristic of this kind of sexuality appears torn out of its normal context of absorbing interest in by-products, commodities, stock-piles, profit and thrift. The anal-erotic mood of melancholy serves as regression under the spur of anxiety to the state of mind where bowel movements signified gifts or obligations to the mother. If the child at this stage of libidinal development does not deliver the ordure on demand, or squanders it in caprice, he hazards the loss of maternal love. Conversely, in the unconscious of the chronically sad, the belief that they have lost maternal love may spur their intellects backward to infantile concern for their ordure, as something wantonly spent or else owed. Under the frown of the maternal divinity in their conscience, their egos writhe in guilt and look forward to doing penance for their financial faults. The result is the dread of penury which we find so active in the melancholiac, and which afflicted Shakespeare most of his life.

The first idea that comes to the abbess's mind when she hears of Antipholus's daily gloom is the likelihood that he has lost money: 'Hath he not lost much wealth by wrack of

sea?' It is perfectly natural for the mother to worry over the disposal of his gold.

We must not let ourselves be fooled by Shakespeare's costuming of his heroes as merchants. His skull did not carry comfortably the cap of commerce; and he would not have masked his doubles as money-men if he had not been an apprentice in drama emulating Plautus, while steeped in sorrow in a period of financial distress. The Roman dramatist was not bothered by the morals and manners of the market-place. He worked for an audience of buyers and sellers, who rejoiced in the worship of Mercury, god of merchants and thieves. Shakespeare, on the contrary, worked for an audience of spenders and lenders, above all the courtiers of his Queen. Consequently he could not rest content with a hero like Plautus's Menaechmus, who was raised by an Epidamnian trader and inherited his cheap principles as well as his fortune. Antipholus of Ephesus is a soldier rather than a salesman. He was brought to the city by 'that most famous warrior, Duke Menaphon', the uncle of Solinus, and earned the latter's gratitude by serving him in battle, taking deep scars to save his life (V). In this conception of Antipholus as a warrior I sense one of those infant inventions which Freud named 'the family romances'. (14). Nobody understood better than Shakespeare how to spin these daydreams in which children strive to liberate themselves from disappointing and domineering parents by creating imaginary fathers and mothers of nobler blood and more generous hearts. In these fantasies they become the foster sons and daughters of monarchs, or else they are changelings, exiled or stolen from royal cradles and raised by poor but honest wretches who bear a strange resemblance to their real fathers and mothers. Shakespeare's transfer of the lost Antipholus to the care of the martial Duke Menaphon, instead of another merchant like father Aegeon, sounds like a 'family romance', and expresses a mild contempt for the old man's occupation.

It is difficult to see how the poet could have dealt with the paternal figure in a manner so supercilious and icy if the old fellow was still alive. The hypothesis that the father was dead has no cult to support it. If my interpretation of his personality is correct, the stately but futile old man could never mount in his son's mind to the pedestal of a god. After death he would stay a ghost. When Antipholus of Syracuse greets his father he asks, 'Aegeon

art thou not? or else his ghost?' The query may be taken as a conventional phrase of amazement on meeting an acquaintance long unseen or lost. There are features in Aegeon which give the word a lurid precision. He pictures his face as hidden

In sap-consuming winter's drizzled snow,
And all the conduits of my blood froze up. (V.)

His last words in the play are addressed to Aemilia; they contain not one quaver of affection or anticipation of happiness and peace. Instead he is pallidly conscientious, almost accusing, requiring her to tell the fate of the son she carried with her from the unspeakable rock. This duty done, he is mute.

3

The double Antipholus regains the divine Aemilia. 'After so long grief, such festivity!' she cries before departing with her family into the abbey. The felicity of the author, the actors, and the spectators, in the last episode of the *Errors* is so cordial and uncontrolled that one is reluctant to survey it from the standpoint of criticism. Yet the combination of childish and ghoulish elements in the scene needs to be illumined if we are ever to grasp the psychology of Shakespeare, and eventually the psychology of the stage. Is it necessary for the comedy to conclude in environs redolent of bloody graves? What have these to do with the dominant theme of mistaken identity, the entertainment of aliens as lovers?

The replies to these problems, to which our analysis inevitably leads, can perhaps be presented best in the form of a synopsis briefly reviewing what might have happened to Shakespeare before he could compose *The Comedy of Errors*. Whether the tale I shall unfold corresponds to the facts of the poet's life is a question for future biography to decide. It will suffice for me to point out that no other hypothesis on the play arranges its details in a coherent and rational structure, casting light on all its parts. What once appeared to be discrete and random inspirations, figures of speech, epigrams and exclamations—poetry scattered from a cornucopia without concord or intrinsic sense—now emerges in a network everywhere meaningful, reflecting real movements of life. By the Freudian dialectic we are able to discern the method in the dramatist's seeming madness.

First, there was a tempestuous period which culminated in the wreck of Shakespeare's

family. During an absence from home, in a strange city, he had violated his marriage oath; he entertained a stranger as a lover. He did it in absolute ignorance of the real lusts that impelled him. The woman of the adventure had unconsciously reminded him of the dark and marvellous stranger who had been his mother. After the adventure he felt that he had committed a loathsome sin. He thought it was adultery. It was imaginary incest: in a kind of dream he had ascended to his father's place by his mother's breast. The paternal image within him grieved and grew angry. As a child Shakespeare had revered his father's might: as a boy he had loved him for his athletic prowess and companionship. Always he had feared and hated him as the man whom his mother obeyed. The permanent residue of these emotions in the poet's brain, circling round the memory of his father, agitated him as self-condemnation. Weakness of paternal authority in his youth, the stealthy disdain he felt for the old man, left him secretly glad that he had done the deed. But the mental image of his mother felt polluted and betrayed. He dreaded her more than any other power in the universe, because she could shut him out from love and leave him eternally alone. To escape these punishments he would happily submit to her whips. The permanent residue of these terrors and the beatitude of their union in erotic pain, circling round the memory of his mother, tortured him exquisitely as self-damnation. With the father's ghost he felt as if he was in purgatory; now he had plunged into hell. He suffered from extreme masochism, and his narcissistic ego refused to bear it. Hunting for avenues of relief, he heard a rumour that his wife was false to him. The proofs were preposterous, but too opportune for his conceit to resist. He wanted an excuse to vent the sadism of his conscience; with barely suppressed exultation he accused his wife of his own crime, without daring to face her with the witnesses or evidence. He fled from her and her offspring, outraged and sorrowing over his exclusion from her love. Consciously he feared that if he faced her he might do something frightful. Unconsciously he flamed with a lust for destruction, which his ego habitually directed on the internal images or external effigies of his parents, because of the scars and frustrations they had imposed on his infant vanity. Sadist thoughts evoked unconscious remembrance of his anal malice to the mother, the way he scattered bowel-gold to

her disgust and ire, or refused to pay it forth till she became peremptory. This remembrance was sharpened by the fact that the time of his fury against his wife was also a time of pecuniary distress. Still he lavished money on inns and individuals who enjoyed his flow of talk. Observing that these luxuries only increased his misery, he retreated to a solitude where his main expenses were sweetly sour thoughts, tears, and poetry. He may also have been saddened by the funeral of a friend, for his mind dwelt fondly on graves and effigies of the dead. The urge to self-slaughter kindled memories of his passions of guilt and pangs of outcast love at the time his imagination first confronted the tombs of his father and mother. His heart felt eaten by remorse; the nerves of his maternal temple drained vitality from his Narcissus pool, just as he had once drained life-liquid from her breast.

The poet consciously defined the causes of his melancholy as he knew them in the questions that the abbess asks Adriana concerning the fugitive Antipholus:

Hath he not lost much wealth by wrack of sea?
Buried some dear friend? Hath not else his eye
Stray'd his affection in unlawful love?
A sin prevailing much in youthful men,
Who give their eyes the liberty of gazing.

After the unjust divorce of his wife, in his refuge of tranquil contemplation and poetry, he remembered two comedies by Plautus which appealed to him as works of art full of semblances and lessons of his wicked experience. Turning over the ancient Latin leaves, he discharged a heartfelt of pity and terror with laughter over their lusty gods, jealous husbands, and noble but stubborn wives. The infinitely funny intrigues struck him like a mixture of his own wishes and accomplishments. Possibly, with the aid of alcohol, he fell asleep on his copy of Plautus. Through the laughter and the sleep he replenished the libido in his Narcissus pool, and energetically renewed the ego struggle to control the drives of the id. The source of this new strength is the essence of Shakespeare's genius, and like all genius remains a sphinx to psycho-analysis. The physiology of narcissism may some day solve the riddle. Meanwhile we have our hands full with the problem of the devices by which the genius's ego manages the id. Shakespeare's ego not only declined to give the pulses of his id the outright ecstasies of sex and destruction they craved. He exposed

them to the ridicule of the world, twisted, transmuted, and 'dolloed' or puppeted up. Thus they got the sole outlet his conscience and commonsense could afford.

The basic design for the exposure, the plot, occurred to him in a dream. He crossed in fantasy the four twins of the *Amphitruo*, with its celestial cuckoldry, and the two twins of the *Menaechmi*, with its domestic quarrelling, cheating of prostitutes, and final satisfaction of restored brotherhood. The outcome was a farce about himself, on the surface displaying the will to believe that the source of his troubles was erroneous marriage, the mistaken union of strangers. He stated his plea of innocence according to his habit of paronomasia: 'Not mad, but mated; how I do not know.' He put these words in the mouth of Antipholus, courting Luciana (III, ii), and showed their personal significance by repeating the idea from the mouth of Duke Solinus: 'I think you are all mated or stark mad' (V). Shakespeare was afraid to find out why mating checkmated him. To be mated, in the English of his lifetime, meant not only to be married; a single man mated was a man confounded, rendered impotent. Shakespeare's impotence resulted from incest-guilt after mating with a facsimile of his maternal idol. No sooner was he free of one facsimile than, like Antipholus's drop of water, he drifted wildly about 'to find his fellow forth', that is to mate again. Like that water-drop he was destined to be confounded and lost ('mated'), forever looking for a mother from whom he was forever in flight. The dream which *The Comedy of Errors* ensued displaced the passion of his quest, making its object a brother, a fellow-male, the dramatist's material self. Finding him gave the dreamer the pacific illusion that he was no longer estranged from himself. Latent in the dream was an odyssey of a motherless child, who accused his sire of separating him from the beloved, and sailed alone across a sexual sea to a maternal territory, in which, by the contrary lights of a lunar mother he reached at last the goddess of his desire, the mother-in-death.

By the inner dramatic method which Freud designates the dream-work, Shakespeare saw the fiercest of his unconscious wishes fulfilled. He wanted to rise to his father's place by his mother's breast. He performed the incest fantasy in a variety of ways. (i) He divided himself into doubles, one of whom floats away with the mother when the father's ship is split.

(ii) His doubles end their vicissitudes in the bosom of the mother's church, itself a symbol of maternity. (iii) By identifying himself with father Aegeon he also attained his heart's wish: (a) he sailed the sea of sex as captain of a family vessel, 'giving honour unto the wife, as unto the weaker vessel' (I'Peter, iii, 7); (b) he guided his mast into the forbidden harbour of Ephesus, the town of the great mother-goddess Diana. (iv) By identifying Ephesus with the mother, the poet presented his double from Syracuse with a chance to lose himself in her midst. (v) In a regression to infantile rivalry with the father over food, he tricked the wife into serving him a meal while the hungry husband fretted outside. The poet puts emphasis on the sweetness of the meal, comparing it to a cake, an emblem of motherly labour. (vi) He at least made a gesture of sexual promise to the romantic facsimile of his mother whom he named Luciana.—It will be remarked that for each of these incestuous scenes, except the last, the dreamer provided a condign and cruel chastisement, bordering on bloodshed. (i) For floating off with the mother, one double endured not only the hardships of storm and wreck but also suffered a kidnapping by rude fishermen. (ii) For joining the mother in the bosom of her church, the doubles have to bear the sights and smells of its charnel background, a place of capital retribution. (iii) For riding the matrix-boat, the son-incorporating Aegeon is wrecked at sea, and for trespassing on the waters of Ephesus, he is menaced with a hangman's axe, a symbolic castration. (iv) For losing a twin-self in the city of Ephesus, the poet had to pay with the spectacle of the city loosing itself on the twin, hounding him—with his drawn sword—to 'melancholy vale' and monastery (a house of symbolic castration, of 'eunuchs for the kingdom of heaven's sake'—Matthew, xix, 12). (v) For tricking the mistress of the

hero's home, his 'natural' self must stand in impotent wrath and cold, an exile from her breast, or her larder. By these brutal exactions the poet mentally redeemed his soul from guilt. At the same time, in the theatre of his mind's night, he gratified his lust for falling together with his father and mother to destruction, or rather to sanguine chaos and the brink of death. The coalescence of both these lusts of sex and destruction took place in the fantasy of returning to the womb of the mother in her tomb.

Having accomplished his heart's desires in dream, he woke refreshed, and broke the long fast of his sadness with gusto and glee. Then, after some earnest reflection on raw material and art, he sat down to write *The Comedy of Errors*. In the affectionate endeavour to justify himself on the stage, he multiplied reasons for the conduct of his puppets, employing a technique analogous to the secondary elaboration of dreams. Next he carried out a tertiary elaboration: he issued his drama-work in a texture to satisfy actors and critics, fulfilling requirements of the contemporary theatre. He garnished the play with coeval allusions ('modern instances'), indicated erudition delicately, sprinkled the scenes with extra dirty jokes for the groundlings, 'wise saws' and singable lines for students and gentry, and crowned the concoction with passages that bright particular 'stars' could sink their histrionic teeth into joyously. Despite rubs and botches, contradiction and extravagance, he knew he had produced a gem comparable to the *Menaechmi* of Plautus, which was said to be that master's earliest drama. Would the world ever realize what it cost him? what bleeding fragments of his life he carved and morselled before he could set forth this dish fit for the lords?

Scripti et salvavi animam meam.

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SLIPS OF THE TONGUE IN THE NORSE SAGAS

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Two cases of errors in speech are recorded in the Orkneyinga Saga (*Icelandic Sagas*, Vol. III, Rolls Series 34). I quote from Sir G. W. Dasent's translation. In the Earl's Saga it is related that Earl Rögnvald had fallen out with his kinsman Earl Thorfinn, and the two erst-while friends made bitter warfare on each other. Rögnvald had burnt Thorfinn's house over his head, and Thorfinn escaped unknown. 'No man thought anything else but that Earl Thorfinn had lost his life there', says the Saga. However, as his body was not found it is evident that Rögnvald must have been haunted by the repressed dread that his enemy was still alive. The Saga then continues, 'Earl Rögnvald sat in Kirkwall and drew thither the stores he needed to have for his winter quarters. He had a great band of men and much good cheer. But a little before Yule, Earl Rögnvald fared with a great following into a little Papey to fetch malt to be brewed for Yule. And at even as they were on the isle they sate long over a roasting fire, and he who made up the fire said that the firewood began to fall short. Then the Earl made a slip of the tongue, and these were the words he spoke, "Then are we full old when these (fires) are burnt out." But he meant to have spoken that they would then be full warmed. And as soon as ever he found it out he said: "I have not made a slip of the tongue before this, so that I call it to mind. It comes into my mind what King Olaf my foster-father said at Sticklestead when I took him up for a slip of the tongue: If ever it happens that I made a slip of the tongue I might make up my mind that I should then have but a short time un-lived. Maybe that my kinsman Thorfinn is still alive.'" Then Thorfinn suddenly appears and sets fire to the house. Rögnvald escapes but is pursued and slain.

Reference to the Icelandic original might be expected to throw light upon the word associations that contributed to the slip. The actual words are: 'Tha maelti jarl mis-maeli, ok tok til ortha. "Tha eru ver full-gamlir, er thessir (eldir) eru brunnir. En hann vildi that maeli hafa, at tha vaeri their full-bakathir.'

The Norsemen used at the end of the day to 'bake' themselves in front of a roaring fire, and rub themselves down when a bath could not be obtained. The King intended to say that if the firewood became exhausted, seeing that it was difficult to obtain, 'Then we shall be quite old before we are quite baked'. The words probably had something of the humorous turn which they have in modern English. Instead of this he said, 'Then we shall be quite old before these (fires) are quite burnt'. The Freudian explanation of the mistake is clear. In the Earl's mind was the unconscious fear that his kinsman was not dead and that the fires of his own life were perhaps well-nigh burnt out. He immediately recalls a similar slip on the part of his foster-father King Olaf; his last words are 'Perhaps my kinsman Thorfinn is yet alive'.

The slip that King Olaf made is related in the Flatey book, Col. 490 (*op. cit.*, p. 339) and is even more instructive. Just before the battle of Sticklestead in A.D. 1039, King Olaf is watching the gathering of his enemies the Norwegian freemen (*bondir*). 'Where they were standing there were berries on a mound. The King takes them and squeezes them in his palm. Then the King saw the banner of the freeman was set up. Then he spoke and said, "Miserable berries," quoth he. Rögnvald, Brusi's son, answers: "You made a slip of the tongue just now, King, you must have meant to say 'people'." "Thou sayest right, Earl," quoth the King. "Thou wilt not make a less slip of the tongue when thou hast but a short time to live."'

The Icelandic original is richer in word associations than in the first case.

'Thar er their voru stoddir ber a einni thufu. Konungr takt berjum, ok rennir i lofa ser. Tha sa Konungr, hvar upp voru sett merki bonda. Hann maelti tha "Vesol ber," kvath hann. Rögnvaldr Brusa son svarar "Mis-maeli varth ther nu, Konungr, Lith mundir thu nefna vilja." "Rett sigir thu, jarl," kvath konungr, "Eigi muntu minna mis-maeli tha er thu att skam. olifat."'

In the first place we have here a very typical symptomatic action. The King is watching the assembly of the stubborn freemen (*bondir*) whom he has so often striven to crush. Where he stands the mound is covered with berries (*ber*). He takes some and squeezes them in his hand. The word used is *renna*, which means to make run, and is applicable alike to the juice of the berries, to the blood from a wound, or to the flight of his foes.

Even so would he crush his enemies and put them to flight.

But King Olaf was nervous of the issue of the fight. He knew well the numbers and stubborn spirit of the *bondir*. His irritation betrays his nervousness. When he saw the standard raised he meant to say 'Miserable crew'. The word he wished to say is *lith*. But a number of associations, many of which we can trace, rush into his mind. The first of these must certainly have been *lif*, life, and *lifa*, to live. This is shown by the irritable way he turns upon Rögnvald when corrected and says, 'When you have only a short time to live you will make no less a mistake'. Other associations with the lapsed word *lith* can easily be found. The verb *liða* from which *lith* is derived means to go, and also to pass away; *lifa* means to live or to be left, *lik* means body or corpse, *liggia* to lie or lie dead. Further, the word *lif* suggests *lofi*, the word actually used for the hand in which the King squeezes the berries. His enemies were the *bondir*, that is *buandir*, from *bua*, to dwell, live. (Compare also the phrase *bua um lik*, to prepare a body for burial.) The word alliterates with *ber*, berry or berries (it is used in both the plural and singular senses). An associative link may be the word *beria*, to strike. The suppressed thought was 'Perhaps this miserable crew (*lith*) of *bondir* will cause me to lose my life (*lif*) and be crushed as I now

squeeze these berries (*ber*) in my hand (*lofi*). It is easy to see how the King, instead of saying 'Miserable crew', said 'Miserable berries'.

It is interesting to note both the characteristic irritation at being corrected and the superstitious dread which is shown of a slip of the tongue. The latter has its origin in a dim perception of an infirmity of purpose which may well be a factor in disaster. It should be remembered, too, that the actors in these sagas had only recently become Christianized. Rögnvald was fighting his own kinsman and shows by his words that he had a repressed sense of the evil of his deeds. Olaf, though he was soon to be regarded as a martyr and a saint, had all the old heathen barbarity, and had been a bitterly hard master to the Norwegian freemen. He must often have experienced a conflict between his instincts and the religion of peace. In the words of Freud (*Psychopathology of Everyday Life*, transl. Brill, p. 311): 'The greater part of superstition signifies fear of impending evil, and he who has frequently wished evil to others, but because of a good upbringing has repressed the same, will be particularly apt to expect punishment for such unconscious evil in the form of a misfortune threatening him from without.'

These beautiful examples are a great tribute to the freshness and first-hand observation in the Norse sagas. No book-learned clerk of that age could have invented these intimate psychological details. It matters not if they are rightly told of the characters to whom they are attributed. They come straight from the heart of the old sea-rovers. Thanks to the key which Freud has put into our hands we can unlock their secrets as easily as those of the words which the Norseman inscribed upon the runic stones he raised.

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BOOK REVIEWS

The Unconscious Origin of Berkeley's Philosophy. By John Oulton Wisdom. International Psycho-Analytical Library No. 47. (London: Hogarth Press and Institute of Psycho-Analysis, 1953. Pp. xii + 244. 25s.)

Of the various attempts to illumine psycho-analytically the lives of historical figures few have dealt with philosophers, though some attempts in this direction are to be found in the earlier volumes of *Imago*. The author of this book, who is exceptionally qualified for the task, has already shown his interest in the subject in short studies of Descartes and Schopenhauer already published in this Journal. The present work on Berkeley is undoubtedly the most outstanding effort in this field. Indeed, in its scholarship, thoroughness and detailed clarity of presentation, it ranks among the most important applications of psycho-analytical insight to biographical and literary material. True, as the title indicates, it is a study of Berkeley's philosophy rather than of his life. Nevertheless, since it endeavours to show how this philosophy was largely determined by the deepest strata of his psychic being, much light is thrown also on Berkeley the man, that remarkable combination of ecclesiastic, philosopher, mathematician, economist, tar-water enthusiast and would-be reformer of higher education.

The analysis of Berkeley's philosophy is recorded in 55 short 'interpretations', each summarizing in a few lines the results of the immediately preceding discussion. Berkeley's fundamental conflict, according to the author, lies in an ambivalent attitude to faeces, which he regarded as both 'good' and 'bad', though the bad aspects, felt as 'poison', predominated at the more conscious levels. The badness of faeces extended to 'matter' in general, and matter, it seemed, could be abolished, or at least discounted, by a subjectivist philosophy of *esse est percipi*. Through this philosophy the external world could be subjectivized in the waking state, in much the same way as happens in the sleeping state in dreams. Matter, furthermore, according to this philosophy, was inert, could exercise no force or power. Active power which gives unity and order to our presentations must be sought in spirit. Pure solipsism seemed inadequate for this task, and therefore the ultimate power must lie in God, who in this capacity is the very antithesis of evil 'matter'. Such, however, was the underlying attraction to, and fear of, matter that its existence had to be strenuously denied, lest God himself should become material and poisonous. This ambivalence shows itself also in Berkeley's hostility to deists and mathematicians,

whom he secretly envied for their ability to handle dangerous things and ultimately to turn God himself into poison. Later, as a still more desperate measure, he tried to identify himself with God, this being symbolized on an earthly plane by his attempt to act as founder and inspired teacher of a College in Bermuda—a less contaminated place than could be found in Europe. When, largely owing to the failure of Sir Robert Walpole to forward the promised money, this scheme fell through, Berkeley, who had been impatiently waiting in Rhode Island, returned to the British Isles and succumbed increasingly to a psychosomatic disorder, a 'nervous cholic', for which he sought a remedy in tar water, a 'deobstruent' which he hoped would free him from the internal poison which he was unable to keep at bay. In a chapter on 'childhood reconstructions' it is inferred that Berkeley suffered in infancy from fluid stools. His desire to replace 'flux' by orderly separated faecal masses led, among other things, to his objection to Sir Isaac Newton's 'fluxions', as the newly discovered calculus was called.

In dealing with Berkeley's intestinal troubles, Mr. Wisdom makes use of his already published theory of psychosomatic disorder, in which resort is made to the suggested differentiating factors of projection and imagery. Those patients who are able to deal with their conflicts in terms of the experiences provided by the distance receptors—vision and sound—are liable to suffer on the psychological level only; those whose conflicts cannot be thus projected and which therefore find expression in the somaesthetic and kinaesthetic spheres succumb to psychosomatic complaints, Berkeley himself falling into the latter category.

Such in very brief and inadequate outline are the author's psycho-analytic findings. It is unfortunate that in Berkeley's case little is known of his childhood or of his relation to his parents or siblings. The reader can hardly help feeling that the analysis would have been amplified or modified, especially in relation to the Oedipus situation, had more data from the early years been available. But Mr. Wisdom has certainly made a very remarkable attempt with the material at his disposal, and thus thrown light upon the subjective determinants of the thoughts of one of the most original figures in the history of philosophy. As he is careful to warn us, however, this study of psychological origins, novel and indeed startling as it is in its results does not in itself permit us to pass judgement on the truth or value of the philosophy built upon these origins.

J. C. Flugel.

Drives, Affects, Behavior. Contributions to the Theory and Practice of Psycho-Analysis and its Application. Edited by Rudolph M. Loewenstein. (New York: International Universities Press, 1953. Pp. 398. \$7.50.)

As a very obvious sequel to Freud's reformulated theory of instincts, psycho-analysis has been occupied with the interrelation of the two primal drives. Freud's views have been elaborated further in the researches of H. Hartmann, E. Kris, and R. M. Loewenstein, who analyze in detail the general function of theory in psycho-analysis. The fruitful stimulus provided by their theoretical presentations is reflected in the writings of the following authors: R. A. Spitz applies their views on aggression to his own findings in infancy. He traces the differentiation and eventual fusion of the drives through several stages, which are paralleled by corresponding stages of ego development and of establishment of object relationships. The results of damming-up and of defusion of the drives are illustrated on the clinical syndrome of anaclitic depression. M. Schur discusses the theory of anxiety. Stages of ego development are described in which a hierarchy of (danger) situations is correlated with a hierarchy of ego responses, of which 'somatization' and 'de-somatization' at the respective ends of the scale are significant concepts for the understanding of psychosomatic phenomena. J. Lampl-de Groot uses the depressive states as a clinical basis for stating her views on the aims of the aggressive drive and on the interrelationship of the primal drives in the development of the ego and of object relationships. Relevant conclusions are drawn to the therapeutic possibilities with depressive patients. D. Burlingham gives clinical examples of states of enforced or voluntary motor restraint in children and in adults. Her observations bear out the close connection between the muscular system and energy discharges derived from both instinctual drives. H. Flournoy emphasizes the role of aggression against the rival brother in homosexual attraction. The eminence of the two famous inverters of antiquity, Socrates and Plato, is shown to be the result of repression and sublimation. M. Schlumberger confirms Freud's formulation of the structure of the epileptic fit as a condensation of the drives of Oedipus. The death of his patient in a fit is interpreted as an 'unconscious suicide', a turning of the aggressive drive against the self. K. R. Eissler discusses in a detailed biographical study the moral masochism operative in Eckermann's relationship to Goethe. The gratification of Eckermann's self-destructive tendencies was the condition upon which his literary achievement, the writing of the famous 'Conversations', was based in transcendence of his general mediocrity. The importance of masochism in artistic creativeness is pointed out.

A number of the published articles reflect a trend to correlate and to co-ordinate psycho-analytical data with those of biology and physiology. E.

Jacobsen offers a definition, classification, and theory of affects. The affective discharges result from changes of tension around a medium level which is itself governed by the homeostatic principle aiming at general psychic equilibrium, whereas the vacillations are controlled by the pleasure principle. The relationships between these two principles are elaborated in reference to maturation processes involving control of primal drives and to various pathological conditions. D. Lagache examines the function of speech in the analytic situation as an action and thus as a manner of behaviour. A definition of behaviour is formulated on the basis of biological principles, broad enough to accommodate the 'requirements of psychology' and the description of 'essential aspects of psycho-analytic experience'. F. Deutsch traces intersensory perceptions during analysis to the connection between sensory perception and object cathexis. Both are fused at an early period of life. Grouping in different phases of development builds up hierarchies of constellations. Configurations of sensory perceptions become specific for certain objects. Interchanges are due to defence against overwhelming pregenital drives. The effect of analytic treatment amounts to a reintegration acceptable to the ego. H. Lampl and R. de Saussure advance theories about the latency period and about female sexuality. In both papers correlations are established with biological principles.

A few papers deal with unrelated clinical subjects. P. Greenacre differentiates between penis awe and penis envy in girls, and describes their origin interrelationship, and effect on personality formation. A different development in boys is outlined. B. D. Lewin discusses the forgetting and remembering of dreams in their symbolic significance as oral phenomena and in the context of the theory of the dream screen. R. P. Knight deals with the therapist's twofold task in the so-called borderline states, namely (1) to survey the ego's measures against the pathogenic instinctual and ego-disintegrating forces and (2) to support these defensive ego activities.

Lastly, the relevance of the psycho-analytic theory of instinctual drives is applied to sociology. A. Freud illuminates the connection between the positive and negative attitudes of adult life and the child's early relationship to parents, depending on specific childhood events and on the defensive mechanisms employed by the child. Particular reference is made to the aggressive drive. Measures are suggested which are intended to safeguard the development of positive relationships in the adult. G. L. Bibring outlines the connection between a certain family pattern, in which the father is 'absent' and the mother domineering, and the nature of the parents' relationship and its effect on the son. All combine to produce either a predominantly negative Oedipus complex or a reactive ambivalent fixation to an idealized mother. Prince Peter of Greece discusses the motives for polyandry and monogamy on

the basis of his study of a Toda polyandrous family. G. Róheim elaborates the significance of the Australian myth of the Milky Way as a symbolization of the libidinal desire for the mother displaced and projected.

For further details of the many other very interesting data offered throughout the reader is referred to the individual papers. The combined views represent not only a precipitate of a section of current psycho-analytic findings in the theoretical, clinical, and socio-anthropological fields, but they amount to a common line of thought or approach, a school of psycho-analytic teaching.

The book cannot fail to absorb the reader's interest and attention. It is a worthy document of dedication published in honour of one of the venerable disciples of Freud, Princess Marie Bonaparte, whose personal achievement has been analytically reviewed in Odier's Essay on Sublimation and whose high standing as writer, analyst, and teacher is the subject of the preface written by Ernest Jones. E. Gostynski.

A General Selection from the Works of Sigmund Freud. Edited by John Rickman. *Psycho-Analytical Epitomes No. 1.* New Impression. (London: Hogarth Press and the Institute of Psycho-Analysis, 1953. 10s. 6d.)

The first volume of John Rickman's *Psycho-Analytical Epitomes* was published in 1937. During his lifetime the founder and editor of the series had the satisfaction of seeing it grow, though discrimination in the choice of works and the war years made this growth a slow one. Quite recently the publishers announced that the four volumes so far published are to be re-issued and that further works will be added in the near future under the editorship of Dr. W. H. Gillespie and Dr. W. Clifford M. Scott.

It should be noted that these newly printed volumes are bound very attractively in linen of bright blue colour.

The present volume contains selected chapters from Freud's books and papers written between 1910 and 1926, and it calls upon the reader to let himself be guided through some of the most difficult parts of psycho-analytic theory. After he has found his way through he will enjoy the satisfaction of having acquired not only knowledge of a cross-section of Freud's work but also some glimpses of its development. The latter he could not have achieved merely from the study of Freud's last summary, *An Outline of Psycho-Analysis* (London: Hogarth Press) published only three years after this anthology. If the reader should desire to learn with ease more of the clinical side, as undoubtedly he will, this reviewer would still recommend the reading of Freud's *The Question of Lay Analysis* (London: Imago Publishing Co.) which apart from the discussion of the problem laid down in the title contains Freud's most concise presentation of what really happens in psycho-analytic therapy:

a description in miniature of the neuroses and their cure.

All these publications will however one day be outdated when, thanks to the devotion of Mr. James Strachey and the support of our colleagues in America, the *Standard Edition of the Complete Works of Sigmund Freud* is completed. The full range of Freud's work will then be at the reader's disposal from which to make his choice. Meanwhile *Epitome No. 1* will have to be taken as an *hors d'oeuvre* which should stimulate and prepare the reader for a full course of Freud.

W. Hoffer.

Love, Hate, and Reparation. By Melanie Klein and Joan Riviere. *Psycho-Analytical Epitomes No. 2.* New Impression. (London: Hogarth Press and the Institute of Psycho-Analysis, 1953. Pp. 119. 8s. 6d.)

This work is in two parts—the first deals with Hate, Greed, and Aggression, the second with Love, Guilt, and Reparation—but it stresses the constant interaction of Love and Hate in the development and later adult functioning of the personality. The book is short and does not include the detailed evidence for statements, which the authors have gleaned from psycho-analytic work with children and adults. The infant's reactions to frustration at the breast are described; the hatred and aggressive craving, feelings of emptiness, uncontrollable explosive feelings and impulses leading to awareness of love (from desire), and dependence (from need). The infant is pictured in this primitive danger situation, with itself and its loved ones threatened by its destructiveness, urgently devising methods for achieving security and safety against these dangers. Feelings of guilt and love, spurred by an optimum amount of aggression, stimulate and maintain drives towards reparation and stabilizing of character. This book is not only a key study for all workers in psycho-analysis, psychiatry, and psychology, but makes enjoyable reading and throws light on difficulties in family relationships, bringing up children, choice of love partners, and other problems of common interest.

S. F. Lindsay.

Civilisation, War and Death. By Sigmund Freud. Edited by John Rickman. *Psycho-Analytical Epitomes No. 4.* New and enlarged edition. (London: Hogarth Press and the Institute of Psycho-Analysis, 1953. 8s. 6d. \$1.00.)

John Rickman's second choice from the works of Freud comprises edited essays written twenty to forty years ago, among them Freud's letter to Albert Einstein on war and pacifism (1932). There is hardly anything in this collection which should be discarded as untimely or purely historical; Freud's reflections are as threatening and gloomy as if they had been conceived today. Still, in the interval between the two editions of this selection further

translations have made it possible to display another facet of Freud's insight into the nature of man and his societies. In the first edition the reader was struck by Freud's argument about the inevitability of internal aggression and the consequent probability of future wars. In this new and enlarged version John Rickman has added two further essays, of which one at least shows a somewhat different Freud; one who in spite of relentless and pitiless insistence on the dangers stemming from the aggressive drives reminds the reader of Eros and of his belief in it. How otherwise could he conclude his thoughts on Goethe, laid down in the essay 'On Transience' (1915), with the words: 'We shall build up again all that war has destroyed, and perhaps on firmer ground and more lastingly than before'?

W. Hoffer.

Cybernetics: Circular Causal and Feedback Mechanisms in Biological and Social Systems. Transactions of the Eighth Conference. Edited by Heinz von Foerster. (New York: Josiah Macy, Jr. Foundation, 1952. Pp. xx + 240. \$4.00.)

The present volume is the third of the series on Cybernetics to be published. It gives the impression of being even better than its predecessors. All volumes containing *verbatim* discussion must have weaknesses; the wonder is that the plan succeeds as well as it does. If we are willing to accept the defects inherent in such a scheme (and the present volume is unintelligible in several places), we shall be rewarded with a grand-stand view of acute minds grappling with difficult problems in borderland fields. The theme of the discussion is different kinds of Communication—between groups, between animals, and so on. Dr. Kubie's contribution on communication between the sane and the insane is perhaps the most striking part of the book.

J. O. Wisdom.

The Scientific Study of Personality. By H. J. Eysenck. (London: Routledge and Kegan Paul, 1952. Pp. xiv + 320. 30s.)

This book has come somewhat late into the reviewer's hands, late, that is, especially in relation to the author's energy and creativity, which have already enabled him to produce two volumes since the present one appeared. As is now well known, Dr. Eysenck is a firm believer in the strictly 'scientific' approach as the only one that will ensure real progress in psychology and psychiatry; and in the field of personality this approach, in his view, is best served by the administration of simple objective tests giving definitely quantitative measures which can be treated by factor-analytical methods so that personality can eventually be described in terms of a limited number of 'dimensions'. In this approach, as he envisages it, there is no use for procedures which involve a large element of subjectivity or the accumulation of material which is difficult or

impossible to put into quantitative form. Indeed, such half measures as projection tests, questionnaires, and ratings are regarded with almost as much suspicion as are psycho-analytic sessions or other forms of psychiatric interview.

Psycho-analysts will no doubt continue to feel that this insistence on rigid rules of experimentation and quantification is only too likely to blind the investigator to important aspects of the human mind which in the present state of our knowledge do not readily lend themselves to such procedures; and in this they can find support in the fact that the admittedly less rigid and more intuitive methods of psycho-analysis enriched psychology with a long series of working concepts (since proved of value in illuminating many other fields) which 'brass instrument psychology', for all its attempt at exactitude, had completely failed even to adumbrate. Dr. Eysenck remains unimpressed, and retaliates by pointing out that even after half a century of practice by psychoanalysts and other psychotherapists there is no clear proof that on the therapeutic side any measurable success has been achieved. Even as regards 'experimental psycho-analysis', or 'experimental psychodynamics' as some prefer to call it, in which attempts are being made to use psycho-analytic findings in such a way that they can be experimentally confirmed, refuted, amended or enlarged—a field where Dr. Eysenck might perhaps have been expected to exercise greater tolerance or even to exhibit some approval—he tends to remain sceptical, appearing to hold that the inspiration derived from psycho-analytic sources and the apparent confirmation of psycho-analytic findings in a good many cases are of doubtful value. Thus in his appraisal of Dr. Goldman-Eisler's work on oral character traits, which he admits is good of its kind and which appears at first sight to be a remarkable vindication (within limits) of Abraham's and Glover's clinically derived views, he points out that the psycho-analytic explanation in terms of a causal relation between early weaning and certain character qualities may be capable of an alternative interpretation in terms of hereditary factors, in the sense that introverted mothers may tend both to have introverted offspring and to wean them earlier than their more extravert sisters. Such a view seems indeed to be much less likely to be true than the psycho-analytic—environmentalist one (especially when we take into consideration the apparently confirmatory evidence from anthropology and from experiments with animals), but it has the merit of being: (a) possibly correct; (b) capable of proof or disproof by further appropriate investigation. The more obvious interpretation and the one which is most in harmony with already known facts is not always the correct one: and this exemplifies the value of Dr. Eysenck's sceptical attitude, even though it may appear strained and unappreciative to those who think primarily along psycho-analytic lines.

Indeed, if psycho-analysts can overcome their initial and very natural reaction to what might seem Dr. Eysenck's somewhat contemptuous dismissal of their work, a careful study of this book will prove a valuable exercise. His initial stimulus came from investigations carried out with neurotic service men and women (here amplified from material obtained from psychotics, normal adults, and children) and all his work—as Professor Aubrey Lewis points out in a Foreword—was thus built upon a clinical foundation, in which psychiatric categories played an important part; while in the psycho-analytic study of various types of personality—a sphere in which so far little has been achieved—preliminary measurements of the orectic 'dimensions' ('neuroticism'—which he identifies, perhaps on insufficient foundation—with the factor which has previously and bewilderingly been called 'general emotionality', 'C' and 'W'—'introversion' and 'psychoticism') isolated by Dr. Eysenck's laborious researches, may well in the near future prove an invaluable aid to the co-ordination of research in psycho-analytic clinics. Above all, they will find that Dr. Eysenck has a gift for lucid exposition of the methods and problems of factor-analytical research, a field which, in its own way, presents difficulties to understanding and appreciation no less formidable than those of psycho-analysis itself. Sooner or later psycho-analysis and personality research by objective methods, such as those so industriously pursued at the Maudsley Hospital under Dr. Eysenck's supervision, must come together, and as a preliminary step in this direction much can be learnt from this book by all those whose approach to the problems of the mind has been through psycho-analytic or psychiatric channels; and although the lesson could have been conveyed in more conciliatory and diplomatic terms, it is nearly always crystal clear.

J. C. Flugel.

Heredity in Health and Mental Disorder. By F. J. Kallmann. (New York: W. W. Norton and Co., 1953. Pp. 315. \$6.00.)

In this book F. J. Kallmann presents the results of his extensive investigations into the role of hereditary factors in the causation of mental disease. All the important research carried out over the past seventeen years is here included. The work is divided into three sections. The first two deal respectively with 'Heredity in Relation to Mental Health' and 'Heredity in Relation to Mental Disorder'. In nearly all his investigations Kallmann has employed the method of comparative twin studies. In the first part of the book he not only describes the principles and methods of genetics but also produces an abundance of twin material to support his belief that 'The evidence of the over-all data presented in this first section in support of genetically determined variations in man's adjustive patterns and survival values is sufficient

to indicate that human individuality and health are no chance phenomena reflecting only the degree of cultural pressures or the extent of instinctual drives. The capacities for health and adequate adjustment are fundamental biological properties with the common denominator of hereditary potentiality'.

While the second part of the book contains the results of investigations into the part played by heredity in convulsive disorders, neurological diseases, and mental defect, the interest of the psycho-analyst will be drawn to the reports on the functional psychoses. Kallmann has little to say about the psychoneuroses, regretting the difficulties of obtaining sufficient twin material for investigations equal in scope to that found for the psychoses.

Kallmann has observed from his 794 schizophrenic twin pairs that monozygotic twins are concordant for schizophrenia to the extent of 86.2 per cent., but dizygotic twins only 14.6 per cent. This, with other information, has convinced Kallmann that genetic factors are decisive in the predisposition to a schizophrenic illness. He does not believe that a mild attack of or freedom from the psychosis is due to a kind fate which protects the individual from severe environmental stresses. In Kallmann's opinion freedom from the illness results from a constitutional defence mechanism which is probably non-specific genetically.

If such theories are shown to be correct, then much of what is now considered important in the genesis of schizophrenia, e.g. adverse experiences in the first months of life, will lose its importance, and attempts by psychotherapy to correct and alleviate such early trauma will be unavailing. At best the hereditary predisposition will set an upper limit to what can be achieved irrespective of the type of psychotherapy employed. Similar considerations will apply to manic depressive psychosis and involutional melancholia.

Although Kallmann has tried to give adequate recognition to non-genetic influences in the causation of mental disorder, his training and orientation blind him to just those observations which psychoanalysts would consider important and tend to lock for. Individual case histories are bound to suffer from lack of information when such a vast clinical material is utilized. Kallmann does not consider the psychological relationships of monozygotic twin pairs as described by Burlingham (1952). These must surely be of the greatest importance. The identification of one twin with the other continues over the years. 'In later years it is difficult to decide how much their similarity of appearance and behaviour has to be ascribed to their basic identity, and how much is a function of their identification with each other' (Burlingham, 1952). It is by no means impossible that similar illnesses in monozygotic twins may be due not to a common inheritance but to identification.

Such criticisms of Kallmann's work do not imply an undervaluation of his research or of its results.

While they do not conclusively prove that hereditary factors are decisive in the causation of mental illness, they bestow upon the genetic influences the importance which of late they have tended to lose.

The last section of the book is devoted to a discussion of the contributions of genetics to mental health planning.

Thomas Freeman.

Adrenal Cortex. Transactions of the Fourth Conference, 12, 13, and 14 November, 1952. Editor: Elaine P. Ralli, Associate Professor of Medicine, New York University College of Medicine. (New York: Josiah Macy, Jr., Foundation, 1953. Pp. 165. \$4.00.)

This is a record of informal discussions between experts and research workers in this field and is, as would be expected, of a highly technical biochemical and physiological quality. The members, with the exception of Professor Hans Selye of Montreal, work at universities and other centres in the U.S.A., and there are two guests from Great Britain.

In an introduction, Dr. Frank Fremont-Smith stresses the importance of the multi-discipline approach and of free informal discussions, and warns against difficulties which may be partly semantic and partly psychological.

Professor Selye discusses mechanisms through which the adrenal cortex can produce qualitatively different effects. He explains his now well-known theory of stress and 'disease of adaptation'. He describes his experimental work on rats, and there are illustrations of his air pouch techniques in the skin of rats where experiments can be accurately observed and measured.

Selye believes that the adrenal cortex plays an essential part in causing the bodily changes which occur during adaptation to stress (e.g. to cold, infections, injuries, nervous strain, etc.). A stimulus from the target area provokes the pituitary gland to liberate A.C.T.H. The latter causes the adrenals to release mineralo-corticoids (which stimulate inflammation) and gluco-corticoids (which are anti-inflammatory). These are in proportion, but when this is disturbed, diseases of adaptation are produced. S.T.H. (growth hormone of the pituitary) also stimulates inflammation. Selye describes conditioning of these effects at various levels.

Dr. Ingle contends that the adrenals may play only a permissive rôle and that the adreno-cortical steroids may not themselves be the cause of the changes, and that some responses to stress are extra-adrenal. He describes his studies.

Dr. Sayers argues that the concept of diseases of adaptation is very difficult to prove or disprove, and that advances in methodology are necessary rather than to 'juggle concepts'.

Dr. Pincus mentions a point of psychiatric interest. He compared the total cortico-steroid output of thirty normal individuals with a slightly

smaller group of schizophrenic personalities and found a marked variation.

Dr. Marthe Vogt of Edinburgh discusses the existence, nature and site of production of a salt hormone (mineralo-corticoid) secreted by the adrenal gland.

Dr. F. D. W. Lukens discusses adrenalectomy in man with special reference to adrenal surgery in cases of hypertension, and there is a valuable clinical and scientific discussion on the effects of adrenalectomy.

These Transactions are of considerable scientific merit and contributors describe original work. Selye's work is particularly challenging, since he finds a stereotyped response to various kinds of stress, and believes that the various modifications of the local and general adaptation syndromes which follow constitute the essence of most diseases.

S. H. Lucas.

Psychiatric Treatment. Proceedings of the Association for Research in Nervous and Mental Diseases. Vol. XXXI. (London: Baillière, Tindall and Cox, 1953. Pp. xiv + 451. 49 illus. 68s. 6d.)

This volume covers all aspects of psychiatric treatment except long-term psycho-analysis. Four of the eight sections are devoted to psychological individual and group therapy. They are of considerable interest to the psycho-analyst because they survey most of the work which is taking place in the vast borderland between psycho-analytic and clinical psychiatry. The problem of therapeutic goals, and of the evaluation of therapeutic results receives due attention. The rest of the volume is devoted to the present state of physical treatments. Each section consists of four or five papers and is followed by a summary presented by a prominent expert and by extracts from the ensuing discussions. The standard of the contributions is almost invariably high.

E. Stengel.

The Initial Interview in Psychiatric Practice (with phonograph records). By Merton Gill, Richard Newman, Fredrick C. Redlich. (New York: International Universities Press, 1954. Pp. 423. \$6.00. Records separate \$4.60.)

In recent years an increasing number of psychoanalysts have concerned themselves with the detailed study of the therapist-patient interaction. Recording of interviews with modern techniques has been employed with the aim of obtaining objective data. Many psychoanalysts regard the taking of notes during treatment as harmful to the therapeutic process. The idea of a complete sound recording of sessions, which at the same time are being watched through the one-way mirror, must appear to them a major offence against basic therapeutic principles. Nevertheless, some psychoanalysts and psycho-analytically orientated psychiatrists have been bold enough to disregard the taboos protecting the

privacy of the consulting room, but so far little has been heard of the results of their studies. This book is an introduction into this new field of research. It is the first attempt to present combined printed and sound records of interviews in psychiatry. (The buyer of the book can, under certain safeguards, obtain the sound records for an additional charge.) The authors give a valuable survey of the principles guiding the psychiatrist in the initial interview. The realization that there is no stage in the patient-therapist relationship which has no therapeutic implication has resulted, or ought to result, in a reconsideration of the functions and methods of the initial interviews. This new orientation is the subject of the book, which is addressed to all interested in psychological treatment. The practising psycho-analyst will find much which is familiar to him, but he will nevertheless read it with profit, especially if he has to teach others. It introduces him to a new method of research which, having not been rejected by the patients, has come to stay for the time being.

The authors discuss the influence of psycho-analysis on interviewing techniques and the ways in which various workers have attempted to combine the need for diagnostic information with the therapeutic implications of the initial interviews. The contributions made by related professions (child therapists, social workers, psychologists) are also discussed. In their own recommendations for an initial interview technique the authors consider the following aspects as the most important: rapport, appraisal of the patient's psychological status, reinforcement of the wish to continue with therapy where indicated. The question of the therapist's 'activity or inactivity' is also considered.

A special chapter deals with methods of recording and with the therapists' and the patients' reactions to it. The patients seemed to accept recording easily, while the therapists themselves reacted strongly against it. The authors found the records of great help in teaching others and in scrutinizing their own work. 'The degree of insight and understanding gained from listening to one's own interviews has to be experienced to be appreciated.' The printed records of the three interviews with the author's comments make interesting reading.

Whatever one may feel about this new method of recording, the question is no longer whether it should be used, but how the best use could be made of it. Obviously, it will be employed exclusively in centres of teaching and research. It seems that so far no psycho-analytical institute has employed this technique.

The authors of this book have refrained from premature claims. At this stage it is still an open question whether this method will make a material contribution to psycho-analysis and psychotherapy, or whether it will, under the cloak of scientific exactitude, obscure the problems besetting those engaged in psychological treatment. One would like to know much more about the patients' attitudes, conscious and unconscious, to the method of recording. It is most unlikely that it does not somehow modify the therapeutic situation. Professor Redlich and his associates of the Department of Psychiatry of Yale University can be relied upon to go thoroughly into this and other questions. They are to be congratulated upon an important piece of spade-work.

E. Stengel.

ERRATUM

In the paper The Psychology of Poise. With a Special Elaboration on the Psychic Significance of the Snout or Perioral Region, by Leo Rangell, M.D., Beverly Hills, California, published in Volume 35, 1954, Part 3, the following footnote was, the Editor regrets, omitted. It should be inserted at page 323, second column, end of last paragraph, after 'of the erect posture.'

Turning again at this point from structure to clinic, we find that Freud has already alluded to and prognosticated the above findings and provided clinical confirmation for the primacy of their role. In his theoretical discussion following the presentation of the Rat Man, Freud writes, 'It turned out that our patient, besides all his other characteristics, was a *renifleur* (or *osphresiolagniac*). By his own account, when he was a child he had recognized everyone by their smell, like a dog; and even when he was grown up he was more susceptible to sensations of smell than most people. I have met with the

same characteristic in other neurotics, both in hysterical and in obsessional patients, and I have come to recognize that a tendency to *osphresiolagnia*, which has become extinct since childhood, may play a part in the genesis of neurosis. And here I should like to raise the general question whether the atrophy of the sense of smell (which was an inevitable result of man's assumption of an erect posture) and the consequent organic repression of his *osphresiolagnia* may not have had a considerable share in the origin of his susceptibility to nervous disease. [*Italics mine.*] This would afford us some explanation of why, with the advance of civilization, it is precisely the sexual life that must fall a victim to repression. For we have long known the intimate connection in the animal organization between the sexual instinct and the function of the olfactory organ.'

FREUD, S. 'Notes upon a Case of Obsessional Neurosis' (1909). *Collected Papers*, Vol. III, p. 382.

NEWS, NOTES AND COMMENTS

19th INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

The 19th Congress of the International Psycho-Analytical Association will be held from 24 to 28 July, 1955, at Geneva, Switzerland, under the auspices of the Swiss Psycho-Analytical Society.

Membership of the Congress is open to the following persons only:

- (a) Those included in the list of members of the International Psycho-Analytical Association, published in the 108th Bulletin (*Int. J. Psycho-Anal.*, volume 35, Part 4, 1954).
- (b) Those non-members of the International Association, whose application has been countersigned by the Secretary of his or her local Psycho-Analytical Society, and has been approved by the Central Executive of the International Association.
- (c) Candidates (students in training) of Psycho-Analytical Institutes, on the recommendation of their local Institute or Society.
- (d) Husbands or wives and adult children of members of the Congress.

The Congress Administrative Committee (Chairman: Dr. Raymond de Saussure) has its office at: Tertasse 2, Geneva, Switzerland. All those intending to attend the International Congress are urged to make their arrangements as early as possible.

Provisional Scientific Programme: Sunday, 24 July: Registration and Reception by the Swiss Psycho-Analytical Society. Monday, 25 July: morning: Opening Remarks by the President, Dr. Heinz Hartmann. Scientific Session: four papers to the entire meeting; afternoon: two sections of five papers each with 'discussion' from the floor. Tuesday, 26 July: morning: Discussion of 'The Problem of Transference' (summary of current views, four prepared discussions, discussion from the floor); afternoon: two or more sections of four papers each, with discussion from the floor. Wednesday, 27 July: morning: Panel on Perversions (General Theory of Perversions, several papers dealing with special aspects of perversions, discussion from the floor); afternoon: four papers to the whole meeting. Thursday, 28 July: morning: Business Meeting of the International Psycho-Analytical Association. Titles and two copies of abstracts of individual papers should be sent to: Dr. Phyllis Greenacre, Chairman of the Programme Committee, 211 Central Park West, New York 24, N.Y., U.S.A., before 15 February.

Arrangements referring to receptions and excursions will be announced later.

SIGMUND FREUD. LIFE AND WORK, VOLUME II: THE YEARS OF MATURITY (1901-1919)

By Ernest Jones (London: Hogarth Press) will be published in spring, 1955. The chapter headings will be:

Part I: Life

- I. Emergence from Isolation (1901-1906).
- II. Beginning of International Recognition (1906-1909).
- III. International Psycho-Analytical Association (1910-1914).
- IV. Opposition.
- V. Dissensions (1911-1914).
- VI. The 'Committee'.
- VII. The War Years (1914-1919).

Part II: Work

- VIII. Expositions.
- IX. Contributions to Technique.
- X. Clinical Contributions.
- XI. Case Histories.
- XII. The Libido Theory.
- XIII. Contributions to Theory.
- XIV. Non-medical Applications of Psycho-Analysis.

Part III: The Man

- XV. Mode of Life and Work.
- XVI. Character and Personality.

Appendix

Miscellaneous Extracts from Correspondence.

CLINICAL PAPERS AND ESSAYS ON PSYCHO-ANALYSIS

By Karl Abraham. Edited by Hilde Abraham (London: The International Psycho-Analytical Library) will be published in 1955. It will contain:

Part I: Clinical Papers

1. On the Significance of Sexual Trauma in Childhood for the Symptomatology of Dementia Praecox (1907).
2. The Significance of Inter-marriage between Close Relatives in the Psychology of the Neuroses (1909).
3. Observations of the Cult of the Mother and its Symbolism in Individual and Folk Psychology (1911).
4. On the Determining Power of Names (1911).
5. Should Patients Write Down Their Dreams? (1915).
6. A Screen Memory Concerning a Childhood Event of Apparently Aetiological Significance (1913).

7. On the Psychogenesis of Agoraphobia in Childhood (1913).
8. Some Remarks on the Rôle of Grandparents in the Psychology of Neuroses (1913).
9. On Neurotic Exogamy: A Contribution to the Similarities in the Psychic Life of Neurotics and of Primitive Man (1913).
10. A Contribution towards the Understanding of the Suggestive Effects of Medicine in the Neuroses (1914).
11. Some Illustrations on the Emotional Relationship of Little Girls towards their Parents (1917).
12. Some Remarks on Ferenczi's Paper on Sunday Neuroses (1919).
13. Two Mistakes of a Hebephrenic Patient (1921).
14. Psycho-analysis and the War Neuroses (1921).
15. The Rescue and Murder of the Father in Neurotic Phantasy-Formations (1922).
16. On Mistakes with an Overcompensating Tendency (1922).
17. An Octogenarian's Mistake (1922).
18. Two Contributions to the Study of Symbols (1923).
19. Psycho-analytical Views on Some Characteristics of Early Infantile Thinking (1923).
20. Psycho-analysis and Gynaecology (1925).
21. Concurrent Phantasies in Mother and Son (1925).

Part II: Miscellaneous

1. Review of C. G. Jung's 'Versuch einer Darstellung der Psycho-analytischen Theorie' (Attempt at a Representation of Psycho-analytical Theory) (1914).
2. The Cultural Significance of Psycho-analysis (1920).
3. The Day of Atonement: Some Observations on Reik's 'Problems of the Psychology of Religion' (1920).

Part III: Essays

1. Dreams and Myths: A Study in Folk-Psychology (1909).
2. Giovanni Segantini: A Psycho-analytical Study (1911).
3. Amenhotep IV. Psycho-analytical Contributions towards the Understanding of his Personality and of the Monotheistic Cult of Aton (1912).
4. The History of an Impostor in the Light of Psycho-analytical Knowledge (1925).
5. Psycho-analytical Notes on Coué's System of Self-Mastery (1925).

THE HONORARY DEGREE OF DOCTOR OF SCIENCE was conferred on Dr. Ernest Jones by the University of Wales. The ceremony took place at the University College of Swansea on 20 July, 1954. Thus the University of Wales appears to be the first British University to recognize psycho-analysis officially as a branch of science.

GREGORY ZILBOORG, M.D.—DOCTOR OF SCIENCE *HONORIS CAUSA*

The degree of Doctor of Science *honoris causa* was conferred on Dr. Gregory Zilboorg by the National University of Ireland on the occasion of the centenary celebration (1854-1954) of that University.

THIRD INTERNATIONAL CONGRESS ON CRIMINOLOGY: SPECIAL ANNOUNCEMENT

This Congress will be held at Bedford College, London, 12-18 September, 1955, under the direction of a British Organizing Committee and the International Society of Criminology (President: Dr. Denis Carroll).

The main subject of the Congress is *Recidivism*. The preparatory work is organized on a national basis and will be in the form of reports collated by ten well-known criminologists acting as *Rapporteurs-Généraux*.

There will be ample scope for individual papers and contributors.

The Congress is open to all scientists interested in criminology and to all those dealing with criminals. Psycho-analysts in many countries have expressed their intention of attending the Congress.

Further particulars will be sent on application to the Organizing Secretary, 28 Weymouth Street, London, W.1.

AWARD OF THE SAN FRANCISCO PSYCHOANALYTIC EDUCATION SOCIETY

An Award will be granted in 1955 for the best paper presenting a research problem, theory, or clinical experience pertinent to the application of psycho-analysis to the social sciences (anthropology, aesthetics, the arts, history, pedagogy, political science, psychology, psychotherapy, sociology, or social welfare). The award will be \$250.00 and will be made only if the Committee of judges feels that a worthy paper has been submitted.

Directions: Papers must be in English in form suitable for publication with footnotes consecutively numbered. Bibliography should be listed alphabetically and numbered in sequence, with name of author, title of article, name of publication, volume, number, page, and year. Papers should be double spaced, and the original and one copy sent. Long monographs should be avoided; such material to be abstracted in article form, which must be original and never before published. The copyright of the award-winning paper shall become the property of the Society, and the Society shall reserve the right to publish, in English or in translation, the whole or any part of it. Papers must be submitted before 1 July, 1955, and the award-winning paper will be announced at the Fall 1955 meeting of the Society.

Papers should be submitted to Award Committee: S. F. Psychoanalytic Education Society, 1637 Taylor Street, San Francisco 11, California.

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Part 3

THE SYMBOLISM OF TEETH IN DREAMS¹

By SANDOR LORAND, NEW YORK, and SANDOR FELDMAN, ROCHESTER (N.Y.)

In a short communication entitled 'On the Meaning of Losing Teeth in Dreams', which Dr. Lorand presented to the New York Psychoanalytic Society in 1948, he stated about such 'typical' dreams that they all express a basic wish, in the deepest layers of the dream, to regress to a state of toothlessness, to earliest infantile life, being nursed by the mother, when the difficulties of reality adjustment and independent functioning were absent. This statement was not meant to exclude all other meanings of such dreams. Quite the contrary; at different stages of the analytic therapy, tooth dreams may and do refer to various unconscious and conscious problems with which the patient is struggling at the time. As Freud (22, p. 53) stated: 'When the interpretation of a dream has been discovered, it is not always easy to decide whether it is a "complete" one—that is, whether further preconscious thoughts may not have found expression in the same dream.' And a few lines further Freud continues: 'one must become accustomed to a dream being thus capable of having many meanings.' At another point he states that he finds truth in all main types of interpretation and that if we uncover the dream's motivation source, we shall obtain unexpected information about the repressed impulses in the unconscious, and that in the dream there are many layers, in each of which one meaning will be the true one. Memories, wishes, and fantasies which form the content of dreams always contain regressive elements which relate to various levels of emotional functioning. The memories show traces relating them to situations and stages of infantile and child development. Tooth dreams inevitably bring up associations and memories

of feelings of loss, fantasies and memories having to do with oral functions, deprivations, and bitterness. The removal of a tooth in the dream can easily represent symbolically losing the nursing nipple. The universal desire to regress to that earliest pleasure object—the breast—includes my supposition that the most deeply repressed part of the dream is the wish to go back to this dependent state when teeth did not complicate the life of the dreamer. The castration fear and the wish for punishment lie in the higher levels of the dream since they are the result of the genital phase.

The origin of symbol formation is still not completely understood. It leaves much for clarification in spite of the many valuable theoretical and clinical contributions of recent years. Freud (21) said that 'we may expect that the analysis of dreams will lead us to a knowledge of man's archaic heritage of what is psychically innate in him. Dreams and neuroses seem to have preserved more mental antiquities than we could have imagined possible; so that psycho-analysis may claim a high place among the sciences which are concerned with the reconstruction of the earliest and most obscure periods of the beginnings of the human race.' In another passage he states, 'Things that are symbolically connected to-day were probably united in prehistoric times by conceptual and linguistic identity. In this connection we may observe how, in a number of cases, the use of a common symbol extends further than the use of a common language, as was already pointed out by Schubert.' Of course, Freud recognizes the impressions of early childhood, which are forgotten and repressed, as taking part in the formation of the dream.

¹ This paper was read at a meeting of the New York Psychoanalytic Society in November, 1953.

In this approach to the problem of symbol formation, the authors think of inheritance in the sense that Jones (31) uses it, 'The infant must have brought with him into the world an innate disposition to develop certain types of fantasy in certain contexts'. This corresponds to what Hartmann, Kris, and Loewenstein (26) pointed out in 'Comments on Culture and Personality' in *Psychoanalysis and Culture*. They 'expect to find "limits" of ubiquity and cultural variations and superimposed symbolic meanings around an ubiquitous core'.

Jones (31), in his essay on the genesis of symbol formation, writes: 'The basal feature in all forms of symbolism is identification . . . the tendency to identify is mainly due to two factors which relate to the pleasure-principle and the reality-principle respectively. In the first place it is easier and therefore pleasanter to note the features of a new idea that resemble those of an older and more familiar one. Therefore, the mind tends to analyse those features that interest it because of their resemblance to previous experiences of interest. In the second place, the appreciation of resemblances facilitates the assimilation of new experiences by referring the unknown to the already known.' In another place, he cites Rank and Sachs: 'Psychologically considered symbol formation remains a regressive phenomenon, a reversion to a certain stage of pictorial thinking. . . . In correspondence with this psychological conception is the original function, demonstrable in the history of civilization, of the identification underlying symbolism as a means of adaptation to reality. . . .'

Let us review for a moment the cycle of dentition in the human being and see how much these vicissitudes of the early developmental period of teething may be responsible for the unconscious wish to return to toothless infancy after. From birth on oral feelings are pre-eminent, the mouth and teeth being most strongly cathected with libido. From birth they are important tools for gratification of cravings, both self-preservative and sensual. From the sixth month of development to the thirtieth month, there is a great deal of restlessness and pain primarily connected with the development of the deciduous teeth. From then on, up to the age of five or six years, there is a relatively quieter period, but at this stage the slow development of the permanent teeth initiates another period of confused preoccupation with the teeth. The child at times experiences pleasure, feelings

of strength, aggression, being the centre of attention; at other times anxieties, shame, embarrassment, humiliation, inferiorities at missing teeth and also varying degrees of castration anxiety (tooth disappearing and reappearing again and the confusion attending it)—all of these contradictory feelings leave their marks on the growing child and may cause added difficulties in puberty and adolescence, depending upon how stormy the period of dentition has been. The preoccupation with teeth becomes prominent again at puberty, paralleling the preoccupation with sexual feelings. The young, growing individual again attaches to the teeth feelings he formerly experienced—inferiority and shame, or pride and exhibitionistic tendencies, fear, shyness, withdrawal, and resentments as a reaction to those frustrations. At times the teeth serve as the focal point of ridicule. We have found, in the associations to tooth dreams of several patients, memories which led back to painful inferiority feelings and embarrassment at puberty, occasioned by the necessity of wearing braces.

Later in adult life, teeth may represent aggressive weapons, strength, sexual attractiveness. They can represent health or decay, the latter leading to the fear of losing teeth through extraction. Teeth, therefore, can be used and are used as symbolic expressions of loss, separation, disintegration, or any danger threatening the individual. They may symbolize masturbation, giving birth, castration. The most important content category, the one in the foreground of a particular dream, is determined by the problems with which the patient is preoccupied at the time and by the particular phase of analysis.

The tooth dream always deals with problems of the dreamer relating to sexual matters, frustrations, aggression, and guilt. The tooth symbol, however, originates not in the genital, but the pregenital experiences of the individual. It originates at the time when infantile experiences cannot be verbalized, can only be felt and acted out, and interpreted by the infant in his own way. The symbolism in the adult dream refers back to the original pattern of experiences of possessing and losing, as in possessing and losing, being deprived of, breast, nipple, and teeth. Thus in the adult's tooth dream the sensations of pleasure and pain and the reactions to these sensations will be symbolized by the part of the body in relation to which the child has had those earliest memory experiences,

namely breast and nipple. Later the sexual organs will be symbolized by the tooth because these are the organs to which the earliest pleasures and fears, and the anxiety of losing them become attached in the course of the genital phase of development. Thus pleasure, pain, and fear of loss are symbolized by the adult in the light of the earliest perceptions. The early repeated experience of acquiring a new tooth and then losing it becomes a prototype of castration fear. The fact that the tooth is an organ which at times is present and at other times absent may lead to the equation of an equivalent course of events for the penis which is seen to be present in certain persons and not present in others; or sometimes is experienced by the individual as erect and therefore present, and other times as shrunk, in which state it is experienced as absent. All the thoughts and feelings connected with such absence and presence enter into the problem of fear of castration.

In 1919 Freud added a paragraph to the fifth edition of the *Traumdeutung* (21). This dealt further with the problem of regression in dreams. Writing about wish fulfilment in the dream, he says (*l. c.*, p. 548), 'dreaming is on the whole an example of regression to the dreamer's earliest condition, a revival of his childhood, of the instinctual impulses which dominate it and of the methods of expression which were then available to him'. Later, discussing wish fulfilment in dreams, he writes (p. 553), 'My supposition is that a conscious wish can only become a dream-instigator if it succeeds in awakening an unconscious wish with the same tenor and in obtaining reinforcement from it. . . . I consider that these unconscious wishes are always on the alert, ready at any time to find their way to expression when an opportunity arises for allying themselves with an impulse from the conscious and for transferring their own great intensity on to the latter's lesser one.' In a footnote he remarks as follows: 'These are paths which have been laid down once and for all, which never fall into disuse and which, whenever an unconscious excitation re-cathexes them, are always ready to conduct the excitatory process to discharge.' He states in the same context (a few lines further on), 'A wish which is represented in the dream must be an infantile one.'

To elucidate this infantile wish in the many variations in tooth dreams, we have collected clinical and anthropological material which we

will attempt to present in the following groupings:

(1) Tooth dreams where the tooth is a phallic symbol.

(2) False teeth, braces as symbols.

(3) Tooth pulling symbolizing childbirth, abortion, death.

(4) Vagina dentata.

(5) The role of dental stimulus themes (motive) in psychoses.

The following dreams, from both male and female patients, show the tooth as a phallic symbol. These dreams express either castration anxiety as a result of sexual ambitions (mostly with early oedipal involvement), or a direct wish for a penis, especially in female patients with strong, unconscious masculine drives and feelings of rivalry with men.

Freud cites a dream of a young man with strong homosexual leanings. In the dream the patient was treated by two university professors instead of by Freud. One of them was doing something to his penis. He was afraid of an operation. The other was pushing against his mouth with an iron rod, so that he lost one or two of his teeth. He was tied up with four silk cloths. He had this dream after being rejected by one of his friends, which led to his masturbating twice in succession. Freud states, in connection with the analysis of this dream (21, p. 387), 'I cannot pretend that the interpretation of the dreams with a dental stimulus as dreams of masturbation—an interpretation whose correctness seems to me beyond doubt—has been entirely cleared up.' He cites the dream to illustrate the theory that the motive force in 'dental stimulus' dreams—in males—derives from masturbatory desires of the puberty period. This was the first time Freud described dental stimulus dreams, in 1909, in the second edition of the *Traumdeutung*. Then he continues:

'Especially remarkable is the representation of onanism (masturbation), or rather of castration, as the punishment for onanism, by the falling out or extraction of teeth; for we find in folk-lore a counterpart to this which could only be known to very few dreamers. I think that there can be no doubt that circumcision, a practice common to so many peoples, is an equivalent and replacement of castration. And recently, we have learned that certain aboriginal tribes in Australia practise circumcision as a rite to mark the attaining of puberty (at the celebration of the boy's coming of age), whilst

other tribes living quite near have substituted for this practice that of knocking out a tooth.'

Ferenczi (18) reports a dream of a female patient. In her dream the patient's sore cheek was rubbed by a man, and then a tooth sprang off from her gum. The dream was stimulated by the drilling of a tooth which was done under anaesthesia, and the patient was worried that she might betray her love for the dentist. Ferenczi does not interpret the dream, but he hints at the sexual meaning and symbolism, i.e. either the dreamer had or wished to have an orgasm (the tooth sprung off); or she wished to stimulate erection and orgasm in the man.

One of the author's patients, a man in his thirties, often masturbated using a sado-masochistic fantasy. One night, after resisting the urge to do so he dreamed that he was 'pushing his gum so strongly with his finger that a tooth went off like a bullet from a gun'. He awoke with an orgasmic seminal discharge.

Whether he had touched his penis could not be established. Probably he had, because in another (castration-anxiety) dream he was awakened by violent pains in his genitals, and he noted that he was pressing hard on one testicle.

Another of the authors' male patients had a series of dreams dealing with teeth.

(I) 'My father-in-law is standing facing me and my daughter is standing between us. She is holding me by the hand. I notice that some of my daughter's teeth are blood-stained (this is identical with the case of bleeding gums I have in reality). My father-in-law asks why her teeth are blood-stained. I answer, "She got that from kissing her father."'

The main theme of the patient's associations to this dream was: 'A child who kisses his parents gets castrated.' The patient's associations are hostility against mother and against women in general. He refers to a desire to bite off the nipple. In the dream he identifies with his little girl who has no penis. In this way he punishes himself through the removal of his penis (being a girl). On another level the dream represents his desire to be a girl in order to avoid all the complications of masculinity, especially aggressive sexuality.

(II) 'I was inside my own mouth. One tooth is badly placed. It is hooked on and I want to hook it on the right place. I am very anxious in the dream because I have difficulty and cannot do it correctly.'

The patient had been going to the dentist often and was very much annoyed by the dental work he required. In his associations he expressed ideas about having a small and ineffectual penis, fear of not being able to satisfy women, and abstinence from intercourse for that reason. Behind these associations is the fear of intercourse and the fear

of losing his penis. The deepest regressive desire was to be in the mother's womb mouth.

(III) 'I am in the dentist's office. He is giving me a penicillin shot which will clear up my tooth infection.'

The patient's associations deal with homosexual problems, the desire for dependence in analysis and being cured of his 'penis troubles' by the analyst. Analyst (father) likes him just as in childhood mother liked him and patiently cured him of a long-standing enuresis. The dentist, giving a penicillin shot, equals homosexual desire. If he is passive and dependent upon the analyst a sexual relationship will ensue, which will remove the necessity of his using his penis, which to him represents various dangers, outstandingly aggressive intercourse.

Another patient, a girl of twenty-four, had the following dream:

'Something is wrong with me. There was a tall girl in the dream, and they wanted me to marry her. Then a young doctor approached me to help me and wanted to put some red wine in my mouth. He also had a syringe in his hand, and he wanted to stick it in my arm. I was gagging, having something in my mouth. I wanted to remove something from my tooth but pulled the whole thing out. I go to the dentist to have it cemented in again.'

This patient dreams a great deal about teeth being loose. She used to grind her teeth in childhood, and the orthodontist straightened her teeth which had apparently been pushed out of alignment by the grinding. She refers to grinding as biting, being angry in her sleep. On another, deeper level, being a little child who has no teeth and escaping from men who are cruel and going back to depend only on father who cements the loosened teeth, gives her a penis. This also refers to the transference relationship. The first part of the dream refers to her wish to be a man—her fear of something (syringe—penis) being put into her and of something (tooth) being pulled out (castration).

The same patient later dreamed:

'I am lying on a bed. A little mouse is running on the floor. I talk to it, saying, "Come here, little mouse." It jumps on the bed and walks all over me. My mother sees it and is horrified. Then I am afraid it will bite me with its sharp teeth.'

The first thought in her associations is again of her father. He had frightened her in childhood by pretending to eat her.

Her associations continue with father, men in general, fear of mice, being bitten by them, and made pregnant. She speaks of intercourse, penis, and returns to the idea that the analyst equals father who will protect her by letting her be his little girl. Mouse is equivalent to penis and to the tooth and will not be dangerous if she is still a baby in father's arms, as she was treated in reality until she was five years old.

Another patient had an extensive fluor and a slight

infection for which she went to a woman doctor for treatment during her vacation, but her condition did not improve. One of her dreams after her vacation was:

'I went to the dentist. He was going to operate on my tooth. Then he turned into a woman doctor, and she botched up the operation. The operation was on my throat. She left the valves open. The whole operation miscarried.'

In her associations she talked about her mouth being wet in the dream and about finding saliva on the pillow, about her painful tooth of which she complains in analysis as having a rough edge, but which did not hurt in the dream at all. This dream occurred after she found blood on her underwear the previous evening. She became frightened, thinking it was from her rectum, but it was her menses which had come early. She discussed her feelings about the woman doctor and the analysis, causing trouble with her genitals, instead of curing her. She is now sicker than she was. These thoughts led to her mother who makes her sick with her constant criticisms. The dream expresses punishment for cheating her parents by having sexual intercourse behind their backs. She recalled that between the ages of five and seven she not only masturbated constantly, but she let little boys play with her vagina. She was very much afraid of being found out, but the more she was afraid the more she sought the company of those little boys. The dream refers to the problem of her sexuality and guilt, as well as the problem with men. She denies her sexual feelings completely in order not to get involved and frustrated afterwards.

A divorced female patient of twenty-four, who suffers from character difficulties, reported the following dream:

'I was with a boy in the fields. There were horses galloping and playing. Somebody shot the horses. Then a filling fell out of my tooth. It was big and very long. I awoke frightened and not sure whether it was real or a dream.'

In her associations the patient stated that the playful horses refer to her own temper, and also to her identification with the horses as masculine and unrestrained sexually (as a child and during puberty she had seen horses copulate). Being shot represented to her punishment for unrestricted emotional outbursts. The dream reveals her castration fear. It expresses the dangers of having a penis like a horse, being wild like a horse and then punished (shot), and also her strong masculine desires. She is consciously envious of men and considers them rivals in her work.

Another female patient in the late twenties who has difficulties with adjustment and being female, despite an extremely feminine appearance, had the following dream:

'A man is lying on top of a girl, sucking her breast. I look at the girl. She has sharp, white teeth, as if capped.'

In her associations she remembers an old dream in which she had long nipples (she had described them as penises at that time); in the same dream she had seen a man who looked like her. In the present dream she is the girl who has sharp teeth. In reality she has small breasts and small teeth and has inferiority feelings about both. She makes sure in the present dream that she is not castrated. The man is sucking her breasts, which to her represent penises. She also takes what she considered an inferior position in intercourse but compensates for it by making the man dependent on her by sucking her breast, which makes her feel superior.

A dentist reports the following dream:

'A friend who was my playmate in boyhood was my patient. He is sitting in the dentist's chair in my office. But instead of working on his tooth, I am touching his penis.' Later on he remembered another part of the dream: 'After I wrung his penis, I was supposed to become his patient and the same would happen to me.'

In his associations to the dream the patient related that he hates to extract a tooth and that he always tries his best to save the tooth and delay the extraction. This is motivated, as his analysis revealed, by his repressed aggression (to tear and to destroy). Early aggressive feelings against mother and sister whom he used to watch through the keyhole in the bathroom and was afraid of being punished if caught. In his castration fear he identifies with his patients.

Brëttschneider (5) related a recurrent tooth-pulling dream of a female patient. In her dream 'she has food particles between her front teeth; she tries hard to remove them . . . she pulls out the right incisor.' In Brëttschneider's interpretation this is a masturbation dream followed by the expression of fear of castration. Through information obtained from the patient's brother it was learned that brother and sister had thought since childhood that the lack of a penis is due to castration as punishment for masturbation.

Patients very often relate dreams in which they eagerly try, but in vain, to remove something—food particles or some non-specified material—from the mouth or from between the teeth; it seems to be an endless procedure. Many people do this in waking life. It is a habit like nail-biting. It seems to the authors that such dreams express masturbation desires; that such activities are masturbation equivalents.

A male patient, who came to analysis because of ejaculatio praecox, had the following dream in the early weeks of his analysis:

'I am trying to pull out cotton thread from between my teeth. The longer I pull, the more there is, and always more and more, and I am troubled

in the dream as to when it will stop and also where it comes from.'

It was too early in analysis to interpret the dream. However, his associations show that it has to do with fear of losing semen, concern about masturbation which, he thinks, made him partially impotent. He was strongly oral, having been bottle-fed to the age of five.

Pickworth (41) describes the following experience: At the age of seven he lost a tooth through extraction. This was followed by a dream in which he was 'extracting parasites from his own mouth'. On awakening he recognized it as a phallic symbol and experienced intense horror. He finally recollected that a cousin had threatened him with castration for exposing himself in childhood at about the age of three years.

Interesting reflections on this subject have been made by Coriat (9). He tells us that the upper jaws of five male palates with one or two incisors removed have been found in caves of ancient Palestine. They date back to a period corresponding to the Aurignacian and later cave cultures in Europe 150,000 to 200,000 years ago. These mutilated skulls indicate a ceremonial practice which is found in many Negro tribes to-day. One can surmise that this practice, which has been reported many times, is a symbolic castration (there is wide evidence from Reik and Roheim on this point) and that these findings demonstrate the existence of the castration wish and fear at the very dawn of human culture, proving the amazing uniformity of symbolic features.

Heinrich (27) too refers to the primitive initiation rite which consisted of the mutilation of a tooth. It means symbolic castration. In his interesting collection of data Heinrich states that in the unconscious the loss of a tooth is identical with loss of the penis; he quotes from W. Stekel, who said that according to folklore the German expression *Zahnreissen* (tearing out a tooth) means sexual intercourse; in the Slav language *zub* means tooth and penis. The unconscious equivalence of toothache and masturbation is recognized by V. Thompson (59), who writes that British soldiers in India and sometimes other places have long called erections 'Irish toothaches'.

A male patient in one of his dreams realized that 'my teeth were loose. They were nearly all loose at the root with considerable contraction of the gums, so that they might easily fall out if I were simply to push against them with my tongue. I had the feeling

that I must be careful not to dislodge them because it would be easy to do so, and that if I were toothless it would be a sign of age and this would be disturbing, not only to me but also to my wife, and also noticeable to others.' (In real life both the dreamer and his wife often wondered whether his potency disturbance might not be caused by his age.) This patient began his sex life in marriage when he was over thirty. His wife almost left him because of his serious potency disturbances.

In his spontaneous associations the patient mentioned that his gums were moderately contracted. The teeth themselves were firm and in excellent condition. His friends have at times complimented him on their appearance. The only favourable remarks made about him by Army physicians were that his teeth were unusually good. On the other hand, he was often teased by the boys because of his 'long' foreskin. Circumcision was suggested, but he never considered that it would be necessary. In joking with male companions, he stated that his reason for declining circumcision was that his penis was so small that if the foreskin were removed, there would be nothing left. He was preoccupied with his penis and his potency. The symbolism in his dream (tooth—contracted gums—fear of losing his teeth, etc.) is self-explanatory.

Hirschmann (28) presents an interesting example of the changing meaning of the same symbols in the dream with the progress of the patient's analysis. He cites two dreams of a female patient which deal with the problem of teeth. The first dream appeared early in her analysis. She then described her mouth as large, and her teeth as much longer and bigger than a man's. She was very proud of her large, polished, white teeth and examined them from every angle. In a later stage of her analysis, when her problems centred around castration fears, renunciation of masturbatory drives and fantasies about the penis, she had the second dream. In this dream she went to the dentist to have a tooth filled, but he extracted four or five of her teeth instead. She became very frightened and protected herself from the dentist. She looked up and saw that the dentist was her analyst.

In the first dream she used the teeth as symbolic of the penis in competing with men. In the second dream the anxiety concerning the analysis which may deprive her of her teeth instead of strengthening them is clearly expressed. In both instances the teeth symbolize the penis. In the discussion of masturbation in the Psycho-Analytic Society of Vienna by fourteen analysts in 1912, Ferenczi (17) expressed his view that in all cases with masturbation prob-

lems he found that there is a possible symbolic identification of tooth pulling in dreams and castration. The dream expressed the punishment for masturbation—the castration—through tooth pulling. He recognized that castration and tooth extraction (losing teeth) are the first threat that the child faces; and he concluded that this might have been the way that the symbolism was established.

Decayed and Black Teeth as Symbols

Decayed and black teeth cause much concern to people, first because of their unsightly appearance and secondly because of their unconscious significance. The content of the unconscious feelings can be ascertained through the analysis of people with such dreams.

The previously mentioned female patient with the fluor dreamed:

'I was out with X. We were necking and he was soulkissing² me. I smelled his breath. I withdrew, worrying lest he notice my reluctance. I looked in the mirror and saw my front tooth was black.'

Her associations were that she worries constantly about her bad breath and about not being clean. She had a wart on her arm which she had cut out. She has all kinds of pains in her teeth, but the dentist cannot find anything wrong. She thinks the dentist filled the wrong tooth. Then she talks about childhood memories, when she was frightened by a man with a black tooth. That led to the witch with the big tooth and her identification with the witch. She referred to mother as being masculine and having a penis. At the same time, as in the dream, she fears masculinity, which means to her aggression, taking father's and brother's place and feeling guilty on account of it. She frightens men away with her black tooth; then she does not have to be a woman and submit to men.

According to Stekel (56) a decayed tooth can be a symbolic reference to a sick penis and/or to the neurosis itself.

This hypothesis is supported by Coriat (8), who found that a dead tooth in a dream meant an impotent penis. The ancient Hindus believed, according to Hammett (25), that if somebody dreams of a black man with black teeth and the man kills him, it means that the dreamer will die.

A cavity in a tooth, besides signifying decay (the connotation of which was mentioned above), has other specific interpretations. As early as 1913 Coriat (8) reported that in a dream a cavity in a tooth had the meaning of a female

genital. This was confirmed by Heinrich (27). According to his findings manipulation or operation on a tooth has in the unconscious the meaning of manipulation or operation on the uterus; for example, drilling and filling a cavity, a hole in a carious tooth, signifies a woman, and if a man is manipulating it then it represents symbolically sexual intercourse. Heinrich mentions Stekel, according to whom, carious teeth mean a rotten soul, and the sucking of a tooth is often accompanied by genital sensations. Heinrich also quotes Stekel's statement that all patients who are afraid of the dentist have a 'sucking complex'.

We can confirm the interpretation that the filling of a tooth cavity might be used to symbolize heterosexual intercourse. This is well demonstrated by the analysis of the dream of a patient, a married physician, who dreams that 'I meet my uncle in the hospital; I am surprised to see him there and ask him what he is doing in the hospital. My uncle explains that he had three fillings in his teeth; they were very expensive (\$300).'

The dreamer has a nephew whose mother succeeded in breaking up his marriage and forcing him to divorce his wife. Since the divorce, he has been leading a wild sexual life, and his mother is afraid that one of those 'loose girls' might drag him into a bad marriage. The mother of the boy asked the uncle to have a good talk with the boy to this effect. The uncle talked kindly to the boy after he came home from a 'love-trip'. He asked the boy whether he had been out with a girl. The boy answered, 'Sure'. 'Was it good?' The boy replied, 'It was very good. I had three fillings (he meant sexual intercourse), but it cost me a lot of money, three hundred dollars.'

The dreamer himself has the same type of mother. She does not conceal her wish to have her son's happy marriage ended, and she has even expressed her wish frankly by telling her son that in case of a divorce, he could have the freedom to sleep with any girls he desired. As far as other matters are concerned, she would take care of him, i.e. cook for him, etc.

In the case of a married female patient the decayed tooth in the dream was over-determined. It signified the neurosis itself (*vide* Stekel), the penis of her brother, and her own genitals. The dentist represented the analyst. The patient dreamed that 'A bad front tooth has fallen into pieces; only the base socket remains. I was afraid it might cause me pain and went to the dentist. I hesitated to go because I had not made an appointment with him, and I was afraid he would be angry with me for this reason.' The patient needed analysis because of

² 'Soulkissing' means that the kissing partners try to penetrate each others' mouths with their tongues.

her grave social anxieties and paralysing bodily pains. The dream occurred during the fourth month of her analysis, when the background of her symptoms was being discovered. She was afraid to reveal material related to her childhood sexual experiences, thinking that the analyst might become disgusted with her and dismiss her.

The Symbolic Significance of False Teeth, Braces

Everyone has a normal amount of pride or narcissistic libido attached to his own body and to its organs. This is especially true as far as visible parts of the body are concerned. Among these visible parts the teeth play a prominent role. Most people conceal the fact that they have false, substitute, teeth, let alone plates, dentures. A denture in the mouth is bad enough; but when taken out, put in a glass of water, it can be even frightening. It reminds one of decay and death. But again, as with many other things, it can have its special, individual significance, either to the wearer or to the person who notices it. Darlington (13) points to the fact that loss of any part of the body can make a person feel that part or all of his soul has been lost. This refers to hair, nails, teeth, etc. A person to whom Darlington talked 'held the unexpressed view that some rotten and black deed on his part had been the cause of his teeth turning so black that he was ashamed to face people, lest they detect the stain on his soul, and in fact equate the loss of his soul with the loss of his teeth'. According to Darlington 'hair and nails, and teeth too in relation to the hope of the resurrection of the dead, are met here and there in anthropological literature'. False teeth mean that the person is concealing that he is bad; he is false, puts up a front, deceives. Being detected wearing false teeth means that his misdeeds have been detected. 'Sins come to register on the teeth.'

The same symbolism is used by patients in the following dreams: A woman who has good front teeth but false plates on both sides of the lower jaw, substituting for three lost teeth, dreamed: 'I was talking to a woman friend when I suddenly felt that I had cracked my plates. It was in front. I felt terrible. I thought to myself that it must be a dream, but no, it was true; no, it was just a dream.' She made sure in the dream that it was just a dream and awakened. This friend figures in the dreamer's life as the personification of her self-criticism. She is competing with her. The patient suffers from the feeling of grave in-

feriority caused by environmental circumstances and because of guilt feelings for a temporary and transient Lesbian relationship. She conceals the inferiority feeling. She feels that she must keep up a pretence all the time and she is constantly terrified by the thought of being detected. The false teeth, the plates are used for the representation of her feeling that she has a morbid personality, that she is putting up a false front by concealing it.

A male patient dreams, 'I have a new denture, different from the old. It fits well. I did not know how it got in. I see the old one broken in the wash-basin.'

This dream occurred in the end phase of the patient's analysis after a previous day's discussion about his use of eyeglasses, his need for them, and the possibility of getting along without them. He talks in his further associations about his newly acquired strength and adult attitude, the ability to continue on his own without the former castration fears. He also refers in his associations to the old broken denture, his former dependence and reliance on his father for material support and also his reliance on the analyst for help. All this he is ready to relinquish now.

One of our female patients, after returning from a visit to her parents, reported the following dream: 'I had two teeth in the front like tusks, sticking out in front of my lips; one or both had holes in them. The dentist is pulling them out and I don't want them to be pulled. He removes them and there are two other smaller teeth behind them (in their place). Then all my teeth are suspended, loose in my mouth. There is a wire all around in my mouth; the teeth move and chatter.'

The tusks sticking out of her lips bring to her mind the lips of the vagina. From the age of twelve to fifteen she had braces on her teeth. She was very much embarrassed about these braces and was even ashamed to speak. As a consequence she was always in a bad temper because she could not go out with the other youngsters. She had much trouble at that time with her parents who always chided and scolded her. She was constantly being reminded that she was too loud; in fact, at present she feels that she is also too loud, and this she attributes to analysis. She knows she ought to be silent, but she cannot control herself. She really wants to remain as aggressive as that, and she very often consciously objects to being changed in analysis. This reference to 'not wanting the tusks to be pulled'—she is also afraid that if her aggression, which she equates with masculinity and strength, is removed, she will be a 'loose' woman dependent on men for sexual gratification which she rejects and of which she is afraid. Actually many years ago she had a small cyst removed from her vagina. This dream occurred some time after she had a tooth pulled;

the extraction resulted in a 'dry socket', which left her in constant pain for about two weeks.

An interesting view is expressed by Weiss (60) in connection with a tooth dream. He says that psychogenic pain is an expression of unresolved psychic conflicts and usually has a reference to an erotogenic zone, as the unconscious conflict causes an organic sensation to turn into pain. A patient dreamed a front tooth grew long, causing him great pain. Marrow-like substance came out of it. He finally pushed the tooth back with his finger. His associations to this dream led him back to attempts made in his childhood to frighten him away from sexual play. With his first seminal discharge in dreams he worried terribly and tried to suppress sexual excitement.

Another patient, who had a number of dreams about teeth, associated memories to those dreams having to do with actual experiences when she wore braces. One of her dreams is as follows: 'Three of my teeth broke off and only the roots remained. The dentist wanted to pull the roots out; then he glued the teeth back on to the roots.'

Her associations brought up memories about wearing braces on her teeth to the age of fifteen. From the age of eight to fifteen she went to the orthodontist. She had the eye-teeth strengthened with two rings which she had to hook up to a helmet in which she slept, in order to keep the teeth straight. She also had a removable brace. She could not eat corn or steak; she had to drink all fluids through a straw; her mother constantly watched her and put pressure on her to keep all the orthodontist's rules, or be punished. After discussing all these memories, she had the following dream the next night:

'I had a fight with my mother-in-law. I beat her up, but she knocked out six of my teeth.' The associations clearly led to the fear of the mother. The six teeth brought up sex, masturbation, fear of punishment, sexual transgressions, being found out by mother, etc. In the end she felt she really did not want to be bothered with sex or men who cause trouble just as one is troubled with teeth. She had braces during adolescence. She could not date any boys, and she states, 'that is why I dated many afterward—to make up for the past'. She was always embarrassed. Her brothers never had any trouble with teeth. In addition she says, 'I was always a feeding problem.' The process of analysis she compares to tooth-pulling—always probing in and pulling out her thoughts and feelings, and torturing her. She would like to be left at peace and to be catered to by everybody, just as in childhood.

Vagina Dentata

The sight of the female genitals is unpleasant or frightening for many males. Mythology, folklore, and anthropology contain many refer-

ences to this reaction. It probably originates in the phallic stage of libido development, in which children believe that everyone possesses or formerly possessed a penis. Girls, therefore, are individuals who have lost them. The sight of the female genitalia then arouses fear (22). One of the many manifestations of castration fear is the legend that the penis can be caught too tightly in the vagina during intercourse, so that the man cannot withdraw his penis and medical attention is needed (the woman put under anaesthesia) for the man to become free again. Another form of the castration fear is the concept of the 'vagina dentata'.

All analysts have had dreams reported in which the dreamer, a male, is about to begin sexual intercourse when he looks at the genitals of his female partner, and to his horror notices that the vagina has two rows of teeth like the mouth. Sexual intercourse, therefore, is rendered impossible; the dreamer frequently awakens at this point, sometimes with seminal discharge accompanied by orgasm. Usually these men suffer from premature seminal discharge in real life. It is of interest, and also important for the understanding of such dreams, to bear in mind that most such men having vagina dentata dreams do not fear fellatio. During fellatio they do not have the fear that the woman will or may bite off the penis, but the sight of the vagina arouses fear ('Something is missing', or it 'looks like a wound').

In Dr. Lorand's experience many patients who have expressed strong castration fears and sexual difficulties showed, in their conscious sexual behaviour, impotence in vaginal intercourse, but adequate potency in fellatio. Uniformly it is found that the fear of vagina dentata was not just a retaliatory one for their own oral sadistic impulses; the fear had two important components. First came early experiences possibly up to the age of three or four, when they were petted and kissed by the mother or nurse, sometimes by the father, on all parts of the body, which resulted in great excitement and also imprinted upon the little child the idea that this type of pleasure is natural and not forbidden. Later during the genital phase the child received other impressions which led to castration anxiety, namely that girls have no penis and that the child's genital play is forbidden by the parents. The ban and the threat become connected with aggression and rebellion. Later on observation of the pregnancy of the woman (mother) was

attributed to aggression, hurt, which re-emphasized the castration fear because of the boy's own feelings against the mother. All impotent patients with this type of dream have aggressive feelings in relation to intercourse—intercourse means hurting; it endangers the woman's life through pregnancy. Thus fear of retaliation for such feelings is developed. They therefore seek gratification on the oral level corresponding to the parents' kissing in early childhood when impregnation was excluded, and when, as a consequence there was no fear of retaliation.

Otto Rank writes (45): 'The libido displacement from mouth to vagina explains the universal conception of vagina dentata, widespread in folklore and found in every case of sexually disturbed men.

'In the masculine process of displacement, the penis takes on the significance of a tooth. So this symbolism is a phylogenetic sediment ontogenetically used as a conductor for the displacement, the driving force which we recognize in this next stage of teething as oral sadism, manifesting itself in biting. By a redistribution of libido, oral sadism is gratified no longer at the mother's breast, but part of it directly in eating (biting) and part is displaced to the genital. By this means, the genital organ changes definitely from a passive one (breast substitute) to an active one (mouth substitute); that is, becomes really an organ for subjugation.

'Oral sadism manifests itself at the genital stage in a manner apparently contradictory to the biological role of the sexes. The vagina takes over the active drawing in and eroticism of the mouth (in sucking) and the biologically conditioned passivity of the female is distributed over her whole body. With man, the penis originally takes on the passive role of the breast and only later, by identification with the tooth, takes on the active quality which then is communicated to the whole body (ego) and so enables the man to accomplish the aggressive role of wooer.'

Rado (42) offers an interesting interpretation: 'In the forced avoidance of imaginary dangers, real dangers may be ignored; for instance, the male may replace the vagina dentata by the mouth.' According to Fenichel (16), 'It may be that the boy has a more primary reason to fear the female genitals (oral anxieties of a vagina dentata as a retaliatory fear for oral sadistic impulses)'; he later states the 'female genitals, through the connection of castration

anxiety with old oral anxieties, may be perceived as a castrating instrument capable of biting or tearing off the penis'. Castration fear as the cause of the 'vagina dentata' is considered by Winterstein (61) also. Darlington (11) takes us back to mythology when he writes that 'the grass-seed is equated to sperm, the mouth to the vulva and its lips, the throat to the vagina, the stomach to the womb, and in American myths the vagina is equipped with teeth'.

Elwin (14) found that the concept of the vagina dentata can be found in many people of many countries. He states that he had never heard the legend reported from India. However, from his own research, he related a number of legends revolving around the vagina dentata. He writes that all the vagina dentata stories point to the cruelty of sex—a sadistic tendency which is found in many animals.

Anthropology and clinical psychology contain many references to love-bites, etc. Sexual intercourse is often believed to be dangerous or defiling. It appears that in India the danger is attributed to a complex psychological situation, in which a recognition of the toxic character of menstrual blood, the possibility of venereal contagion, the exposure of both male and female to hostile magic and witchcraft at the moment of sexual congress, the universal latent dread of castration, and the fear of impotence are contributory factors. In other places, the danger is caused by the infection of the hymeneal blood.

The connection between birth and vagina dentata was found in a female patient by Peerbolte (40). We quote: 'The concept of the vagina dentata is often related to sexual impotence and to fears of the female sex organs. In the author's materials, some dreams containing the vagina dentata show a relationship to the trauma of birth, in the sense that passing the head through the bony pelvis is symbolized as putting it into an animal's mouth. An example of this type of dream produced by a female patient is "I have a dog; he is very affectionate. But he seizes my face in his mouth. I don't like it. It is creepy. One never knows if he will suddenly bite. My cheek is in his mouth and it causes me to be quite helplessly in his power."'

Dr. Muensterberger was good enough to communicate to us the following dream of a Chinese, an unmarried male, thirty-four years of age, born in Central China, who has been in the United States since 1947:

'I was walking with a girl in my dream. It was a Chinese girl whom I didn't know. But we were married. We were on a road, I think travelling. I knew her name was F. We were travelling south from Tientsin. I was kind of surprised that I was married, but the way the girl was talking to me made me feel fine. She leaned against me. Then we were in a room on a *k'ang* (Chinese bed). I felt her body. I put my hand on her vagina, then in it. Then there was something hard and before I knew it my hand got caught. There were two teeth on each side.'

His associations to the dream were the following: He first laughed and made a joking remark about the idea of Westerners that Chinese women have a horizontal vagina (like a mouth). The analysis of the first part shows that the girl he is married to is a mother-substitute: (i) In his childhood he lived alone with his mother for several months of each year in the neighbourhood of Tientsin. (ii) The girl's name, F., is the name of his sister's girl friend. His sister is about ten years older than he.

In connection with the second part of the dream he recalled Chinese legends in which women with large teeth are described. These are demons in the shape of beautiful girls who seduce and kill the male ('suck your life out'). Then he asked, 'What do you think of my teeth?' He wanted to know whether or not I considered them long and large. His older brother had remarked more than once that his teeth are very small and consequently his penis, his potency, and (general Chinese belief) his longevity are impaired. Short teeth are a particularly conspicuous sign of lack of potency.

Birth, Baby, Abortion, Death

What the ancient wise men thought of symbolism of teeth can be surmised when one glances over Stekel's review of this matter in his book on dreams. Stekel (56) quotes Artemidoros, who in turn quotes Aristandros of Telmessia. The ancient dream interpreters thought that the upper row of teeth refers to prominent and outstanding members of the family; the lower row of teeth to the less prominent members; the cavity of the mouth refers to the house; the right row of teeth to men or old people; the left row of teeth to women or young people; the front teeth to young people, the other teeth to older and in succession to elderly people; loss of tooth to the loss of a certain member of the family [to a great extent this can be confirmed disregarding the prophetic tendency of the ancients: *the authors*]; teeth can symbolize not only persons but material things also. According to this theory molar teeth mean articles of value, incisors refer to household articles, canine teeth to less worthy

articles. Teeth can also symbolize (according to Artemidoros) vital functions: molar teeth, functions which one wants to conceal; incisors, functions we do not want to conceal; canine teeth, functions not all people know about; meat or any foreign body between the teeth means joblessness and unemployment, and a dream that such a thing is removed indicates that the dreamer, through his speech abilities, will obtain a job, an employment. So much for Artemidoros.

Stekel himself found that loss of a tooth in dreams might mean the idea of a disloyal wife. He mentions Kleinpaul, according to whom the loss of a tooth means the loss of a person, and if the losing of the tooth is connected with pain, it means a beloved person whose loss is painful. Many of us will confirm Stekel's finding that, in the dreams of a patient under analytic treatment, the dentist can represent the analyst, the drilling of the teeth the analytical process.

When Otto Rank (43) talks about 'somatic symbols' by which parts of the body and their functions are symbolically presented, he mentions Scherner who found, for example, that a row of teeth can be represented in dreams by a row of houses.

The tooth in a dream representing a near relative is mentioned in the Talmud (38) in which it is stated that a tooth falling out means that a near relative will die.

In one case of Stekel's a virgin had a dream in which there was bleeding in the mouth; the mouth was full of blood. In this case it meant defloration.

In one of the authors' cases, a woman patient lost two dear friends within a week. After the death of the second friend, she dreamed that 'Two of my front teeth are missing; there is a conspicuous gap'. It is apparent that the teeth refer to the two friends. The gap indicates the feeling of loss. The ancient interpreters were sometimes right, but with an important difference; this dream came after the death of the two friends and not before; it did not prophesy; it expressed a feeling after the sad event.

A young woman patient, who, while under gas to have an impacted tooth pulled, dreamed (she could only recall the content of the dream faintly), and awoke from the dream crying bitterly and covered with perspiration. The dream was as follows. 'I lost something and was looking frantically for it. I was filled with anxiety and fear. I was afraid that somebody would surprise me.' In her associations she brought up abortions before and after marriage, which she had never before

mentioned in her years of analysis, so great was her guilt. Failure to react to intercourse with an orgasm she attributed directly to fear of punishment for the abortions as well as to fear of renewed pregnancies. She has an infantile attachment to her mother with whom she is always fighting. She continually strives to be with her mother, in whose company the slight agoraphobia from which the patient suffers is completely absent. In an attempt to solve her sexual problem the patient had denied sexual pressure as well as the abortions, and as a result had kept herself from feeling guilty. Such denial could be accomplished by the patient only when she was back with her mother, protected by her as she had been in babyhood.

Mittelman (37) reports the dream of a female patient which occurred while she was under nitrous oxide anaesthesia for the drilling of a tooth. 'A young zebra is running around in circles with his hind-legs close together. It is difficult to see the sex of the animal. The animal is bleeding in the back and pink blood is falling on the snow.' Her associations referred to genital injury, abortion, menstruation, giving further evidence of the symbolic identification between mouth, teeth, and genitals.

The anthropological data on teeth correspond to the analytic findings. In a 'Study of Some Points of Contact' Seligman (54) cites tooth-losing dreams as a universal type of dream with the same significance, loss of a near relative or friend. Such dreams have been reported in Europe (Scotland, Ireland, England, Germany, Hungary), in Africa (N. Sudan), Asia (Palestine, the Malay Peninsula, China, Japan).

It was found by Darlington also (12) that teeth are symbols of one's relatives and nearest friends.

In the dream of a married woman with children, toothache, damaged tooth, gap between teeth could be interpreted as a lack of love between her and her husband. Recently an impacted wisdom tooth was operatively removed. The wound ached for several days, but then it healed. Long ago she had had a tooth extracted and received a removable bridge from the dentist. She didn't like it, and her husband teased her about it. Therefore, she changed it into a non-removable bridge. She dreamed: 'I am at the dentist's office (she is vague as to who the dentist is). He is fixing a bridge, using two clamps to the neighbouring two teeth on each side. But the clamps run through all my teeth and make them loose. I am afraid of losing all my teeth and awaken with anxiety and violent pain at the place of the removed wisdom tooth.' She says as an association that a day before the dream, they celebrated her husband's birthday. She prepared a very nice

dinner and hoped that nothing would spoil it (she had had sad experiences). Everything went well until after dinner, when her two boys began wrestling. Thereupon her husband became annoyed and said that the noise and the wrestling of the children ruined everything. At night they had intercourse, but she couldn't respond. She doesn't know how to feel with him in any of their relationships, social or sexual. 'I reprimanded my children for annoying their father. Why do I say "father"? I never use this word with the children when I refer to my husband. I always use the word "dad". My husband is exactly as my father was—a brilliant man, a good provider, highly intelligent, but one could never know how to deal with him; he was always silent like my husband. If I tried to talk to him he became irritated; if I said anything or answered a question or did what he asked, it wasn't good. Exactly as it is with my husband. We have separate bedrooms. I am never permitted to make overtures to him; I have to wait until he comes to me and he expects from me a prompt sexual response. There is a great gap between us. I do not know how to bridge it over.' She wept. At that point the analyst reminded the patient of the bridge of her dream. She was surprised. The dentist is the analyst too (it is a transference dream). She tried hard to adjust herself to the behaviour of her husband (this appears symbolically in the dream) but it won't work, because if she makes concessions she feels humiliated. If she does not make concessions, her husband withdraws, sulks, doesn't talk to her and to the children; everything is frozen. The dream expresses her feelings—if she adjusts herself to the demands of her husband, if she tries to 'bridge over the gap between them', then she ruins everything that she considers her personality to be. The teeth represent all the elements of her personality, the justified expectation of appreciation, love, the right to say what she feels without being punished by her husband for this. Naturally there are many other aspects to the dream, but they are beyond the goals of our present discussion.

In the case which follows, the breaking off, the loss of all the teeth could be interpreted as a fear of breaking up the patient's marriage and family, and, in addition to this, the loss of teeth expressed a desire to be a baby without teeth, to be taken care of completely.

A married woman, with two children, had suffered for many years from the gravest form of ulcerative colitis. No treatment had helped her, but during analysis this symptom disappeared gradually. She observed at the period of the ulcerative colitis that one or two weeks before an attack she often had a recurrent dream in which 'all my teeth got loose; all were in my mouth, teeth and blood in my mouth; a feeling of tremendous desperation'. The patient was very proud of her healthy teeth. The marriage was loveless, unhappy. She was between the horns of a great dilemma—should she stay with her hus-

band and with her two beloved children but be unhappy, or should she leave her husband and by this act lose the children. She had intense fantasies from childhood on of being in a sunny, beautiful country, where she would have no responsibilities at all, be loved, appreciated, taken care of; she wanted to be a baby.

Ernest Jones (30) reported a dream of an unmarried woman, forty-six years of age, who had secret sexual desires for her dentist and who needed to have a tooth extracted. She was afraid that during general anaesthesia she might betray herself. While under narcosis, she had a dream which she had again two days later. In her dream 'she was under the surface of the earth in a long, cool place, where everything was gay and happy'. Associations to the dream, according to Jones, disclosed a fantasy of being in the womb. The extraction of the pain-causing tooth was understood in her unconscious as the birth of a child.

Darlington (12) writes that the oral cavity becomes associated with the womb by upward displacement. It is also symbolic of the house and the grave. These symbols are integrated by the unconscious. According to Stürcke (55) the mouth is supplied with a number of accessories to replace parts that have been lost. The common derivation of the feeling of loss in the mouth and genitals from withdrawal of the mother's nipple explains the symbolic association of masturbation and tooth-pulling. Tooth extraction stirs up the old complex of sensations associated with the withdrawal of the nipple from the mouth. The same mechanism applied to masturbation. Therefore, castration occurs as a direct consequence of masturbation.

In the paper previously mentioned Heiarich reports that, according to his findings, the dentist symbolizes the obstetrician, and the tooth the baby.

In another paper Ernest Jones (31) states that teeth in dreams are often symbols of birth. This connection is never conscious; in the 'Song of Songs' (iv, 2) one can read: 'Thy teeth are like a flock of sheep that are even shorn, which came up from the washing; whereof everyone bears twins, and none is barren among them.'

Freud (21, p. 387), writing about tooth symbolism in dreams, mentions Jung, according to whom, in women, tooth dreams have the meaning of parturition. Loss of a tooth in the dream is identified with the feeling that a baby, part of the woman's body, is removed. This is confirmed by Farber and Fischer (15), who found that loss of a tooth in dreams symbolically signifies in men that a vital organ has been cut

off; in women it means to give birth to a baby. Rhan (47) believes that there is a possible connection between infantile thumb-sucking and tooth dreams. The infant starts thumb-sucking before having teeth and later on, in order to enjoy fully again the pleasure in thumb-sucking, one has to lose one's teeth. As a grown-up he may satisfy this wish by dreaming about loss of teeth. The deep wish is that by losing teeth in dreams, one may act as a baby and suck on the mother's breast.

In mentioning the puberty rite in which a tooth is knocked out, Menninger (36) states that this is not self-mutilation, because it is inflicted by a second person, but it does gratify the victim in some way. All the methods seem to carry the significance of death followed by rebirth.

Géza Róheim (51) offers a somewhat similar interpretation of this practice in his paper on 'Transition Rites'. According to Freud, Róheim states, anxiety is fundamentally a separation anxiety, and on the ground of Hermann's theory 'loss of hair or nails or any other part of the body represents the primal object loss anxiety, because of the original mother-child unity or subject-object identification'. Róheim states that 'The obvious interpretation of the initiation rite in which a tooth is pulled out seems to be that the operator is separating the young man from his mother, i.e. from the nipple.' Separation from the mother is thus represented as a separation of a part of the body from the whole.

Among the aborigines of the Admiralty Islands the teeth serve as a necklace for the sister of the dead man, write Jelliffe and Zenia (29). In other tribes the relatives wear a tooth or teeth of the relatives. The writers interpret this as follows: 'The wearing of . . . teeth formed into a necklace' means 'an actual contact and union of the male and female organs'.

Rhan reminds us (it is a confirmation of Lorand's (35) interpretation) of the dental stimulus dream: 'It is a memory of the time of thumbsucking'.

In Central Australia some tribes circumcise and others have tooth evulsion ceremonies, states Darlington (10). The prepuce, he suggests, is an unconscious equivalent of lips and the phallus of the tooth. (In animals not provided with horns, teeth are used for assault, and the membrum virile, according to Darlington, is often viewed as a weapon of assault.) Lips or the prepuce must be pulled back for

attack. Knocking out a tooth is, according to this theory, a substitute for cutting lips. Also psycho-analysis shows the mouth to be a symbolic virgin which may be opened for marriage by making a gap in the teeth. With a full number of teeth the person possesses both male and female sex organs. Therefore, both boys and girls must have one of the sex organs removed so that the other can operate.

A male patient dreams: 'I am in a restaurant. The waitress gives me a roast beef sandwich. I say to her, "I am on a meatless diet. I cannot chew well."' In the associations to this dream the patient emphasizes the attraction for him of large breasts, like those of the waitress, and his desire to play with them. He is afraid to play with the breasts because such play leads to sexuality and incest wishes. He prefers to be on a fluid or milk diet so that he will avoid what he feels to be the threat of sexual excitement.

The Role of Dental Stimulus Themes in Psychoses

In 1926 Dr. Sugár (58) describes four cases who developed psychoses in connection with either having their teeth extracted or some other kind of tooth involvement. The histories of the cases show definitely the unconscious equivalence of tooth and genital and the interrelationship between symbolism, castration anxiety, and self-punishment tendencies and desires. Sugár also cites a communication from Dr. Schilder, in which a patient dreamed, after sexual intercourse, that one of his teeth was being pulled out. The patient's association to this dream revealed his idea that good teeth with which to bite hard were necessary implements for strong erection and for good intercourse. The patient states his belief that good teeth made intercourse more powerful and that he had his teeth fixed for this reason. Sugár's experience with tooth symbolism leads him to state that the theme of tooth pulling in the etiology of psychosis plays the same role as in the dreams.

Dr. Ruth Mae Brunswick (7) in her paper, 'Supplement to the History of an Infantile Neurosis', describes the hypochondriacal form of paranoia in which the patient distrusts dentists and always had the judgement of one checked by another. The patient acted similarly to tailors (Schneider) who are, of course, common figures for the castrator.

John Rosen (52) makes reference to a patient whose mouth is distorted with pain. He had been going to the dentist with it for fifteen years,

but the torture in his mouth is still there. Rosen interpreted the pain to the patient as an infantile injury on a stony breast.

These short references to psychotic manifestations bring us to the summary of our presentation.

Symbols in the dreams may have different meanings at different times to the dreamer. In typical dreams, as tooth-pulling dreams, the symbol has a certain meaning in general. The recurrent dream about teeth always represents the central problem of the patient, which is of a sexual nature. The deepest wish in the tooth dream is regression to early toothless infancy to avoid all the pains and dangers associated with sexuality and adult functioning (aggressive as well as sexual problems).

The same idea was touched upon in an attempted interpretation by Rank (see Freud (21, p. 388)) of a dream of a friend of his. Rank's friend had one of his back teeth treated by a dentist. The dentist makes the tooth useless by drilling and then pulls it out; but the pulled tooth proved to be a healthy one which fell into pieces. Then the dentist pulverized it, explaining that it is only before puberty that teeth come out so easily—the dreamer added that he had a seminal emission during the dream, and then continued to dream. In this involved part, he left his hat and coat somewhere (possibly at the dentist's office), hoping that someone would bring them to him. He hurried to catch a train and caught the last car. He couldn't get in because somebody stood in front of him. He travelled very uncomfortably, but he escaped in the end from that discomfort.

The association of the dreamer involved annoyance with the dentist on account of the pains and expenses. Masturbation at puberty, at the time when he pulled out one of his own loose teeth, thoughts about the economic advantage of masturbation over object love, intercourse, difficulties involved in intercourse and the dangers of intercourse (pregnancy, etc.) versus masturbation. Rank writes, in connection with the interpretation, explaining how the dream was produced by the dreamer, 'The dreamer's visit to the dentist, his conversation with a lady, and his reading of *The Interpretation of Dreams* would quite sufficiently explain how he came to produce this dream, especially as his sleep was disturbed by toothache; they would even explain, if need be, how the dream served to dispose of the pain which was disturbing his sleep—by means of the idea of getting rid of the painful tooth and by simultaneously drowning with libido the painful sensation which the dreamer felt ...'

Dr. Bertram Lewin, in a letter written to

Lorand in 1948 after presentation of his short communication about tooth dreams, writes about a patient of his, whose dream he had the opportunity to analyse in 1944. The patient dreamed that her teeth were going to fall out and that she needed false ones. In the dream she distrusts the dentist and thinks of going to a new one to have all her teeth pulled out. Lewin interpreted this dream as a wish to regress to the toothless state.

In another place, 'Phobic Symptoms and Dream Interpretation', Lewin (34) writes: 'This interpretation of the agoraphobic sense of losing the legs is analogous to that given by Lorand (1948) for the loss of teeth in dreams—that the dreamer wishes to return to the toothless stage when he was being nursed. We are indebted to Gerö (24) and ultimately to Abraham (1) and Sadger for the knowledge that a tooth and a leg are mutually replaceable symbols. Both may represent the genitalia or sadistic weapons, and they may both be organs with muscular-erotic functions. Their loss consequently implies castration or passive masochistic gratification. However, in addition, teeth and legs both may be lost in dreams to fulfil a wish to be nursed and carried, passive feeding and passive locomotion taking the dreamer back to the same stage of infancy. Not to go out is a mild form of not walking at all, and this is probably the main idea behind the remark that Abraham (1) made of his five-year-old incipient agoraphobic: "Ich will kein Spazierkind sein, ich will ein Mutterkind sein." If the ego drastically eliminates those of its organs that make for independent existence, it is ultimately thrown back on the mother and the helplessness that precedes sleep.'

In accordance with Lorand, Ohtsuki (39) draws attention to the vicissitudes of the development of teeth in early infancy and their impact on various feelings which may lead to the symbolic meanings of teeth in the dream. While affirming Lorand's interpretation of the wish to regress to toothless infancy, he, for the most part, sees the symbol as a repression and prohibition of destructive impulses. Teeth being the primary weapon, he refers to toothlessness as carrying the predominant meaning of loss of the weapon. He also refers to the Japanese linking of the loss of teeth with the death of a close relative. The Japanese saying is: 'It feels so strange if a relative dies; just as if a tooth is lost from your mouth.' Ohtsuki assumes the psychological basis for this saying may be the sensation of something missing felt with the tongue when a tooth is lost.

Ferenczi's (19) very interesting and stimulating hypothesis has to be remembered and thought of. He writes: 'The human being is dominated . . . by a . . . regressive trend toward the re-establishment of the intrauterine situation. . . .

'[The baby] emerges from the period of harmless oral erotism, sucking, into a cannibalistic stage; it develops within the mouth implements for biting with which it would fain eat up, as it were, the beloved mother, compelling her eventually to wean it. Now what we mean by this is not only that this cannibalistic trend subserves the instinct of self-preservation; we suppose, rather, that the teeth are employed also as weapons in the service of a libidinal striving; they are implements with the help of which the child would like to bore its way into its mother's womb.

'The sole argument—at all events the argument of moment to the psychoanalyst—which emboldens us to offer this daring hypothesis is the uniformity and unmistakableness with which the symbolic identity of penis and tooth recurs, both in dreams and in neurotic symptoms. According to our conception the tooth is therefore really a primal penis (Urpenis), whose libidinal role, however, the child who has been weaned must learn to renounce. It is not that the tooth is therefore the symbol of the penis but rather, to speak paradoxically, that the later maturing penis is the symbol of the more primitive boring implement, the tooth. The paradoxical character of this supposition is perhaps moderated, however, by the consideration that every symbolic association is preceded by a stage in which two things are treated as one and so can represent each other.'

Freud (22, p. 548) describes this problem of regression in its role of the formation of dreams in these words: 'Three kinds of regression are thus distinguished: (a) *topographical* regression, in the sense of the schematic picture of the ψ -systems which we have explained above; (b) *temporal* regression, in so far as what is in question is a harking back to older psychical structures; and (c) *formal* regression, where primitive methods of expression and representation take the place of the usual ones. All these three kinds of regression are, however, one at bottom and occur together as a rule; for what is older in time is more primitive in form and in psychical topography lies nearer to the perceptual end.' Earlier Freud writes about temporal regression: 'We distinguish two such regressions—one in the development

of the ego and the other in that of the libido. In sleep, the latter is carried to the point of restoring the primitive narcissism while the former goes back to the state of hallucinatory wish-fulfilment.'

In dreams about teeth we consider this temporal regression to be of outstanding importance. The deep oral regression gratifies the wish for primitive narcissism—being back at the mother's breast. In another place Freud (21, p. 567) writes: 'What once dominated waking life, while the mind was still young and incompetent, seems now to have been banished into the night. . . . Dreaming is a piece of infantile mental life that has been superseded.' The dreamer tries to recreate the happy carefree period when teeth were not disturbing his purely pleasure existence. He follows the road of regression which we all do in dreams—to that happy past.

EXCERPTS FROM DR. RENE SPITZ' DISCUSSION OF THIS PAPER

Dr. Lorand and Dr. Feldman have contributed a new and particularly valuable viewpoint to our understanding of the ubiquity of tooth dreams by calling our attention to the importance of the physical experience of pain and of physical changes in connection with dentition in the infant in the second half of its first year. Such experiences are repeated around the sixth year, and in a final recurrence, though milder, around puberty. They stressed the fact that these experiences were not only transitory but prolonged. They further established a circular chain of events, which can be described in terms of: possession, followed by loss, followed by restitution. The latter element was stressed by Marie Bonaparte in her provocative article on man

and his dentist—in which the dentist plays the role of the good father who takes a small, inadequate organ out and replaces it by a large, beautiful, and adult organ.

These considerations elicited the following speculation in my mind: At the time of the first dentition a triple chain of events takes place. One is the dentition itself, the breaking through of the teeth with the concomitant pain, suffering, and discomfort. The second is the development of aggression or rather the manifestation of aggression in the form of destructiveness. This particular development appears for the first time at or around eight months, and is generally known to child psychologists. The third is that in our culture this is also the period of weaning, a coincidence to which Abraham has already called our attention. I wonder whether this triplicate incidence does not suggest a traumatic experience of the nature of the trauma which we are accustomed to connect with the development of a traumatic neurosis. The ubiquitousness of the tooth dream, as well as its repetitiveness in one and the same person, would then correspond to the typical dream of traumatic neuroses in which the trauma is experienced again and again. Like any other typical dream of traumatic neuroses, the tooth dream would then be triggered by the re-occurrence of a situation which represents loss, pain, suffering combined with aggression.

This in no way contradicts Dr. Lorand's and Dr. Feldman's assumption of the tooth dream ultimately representing a return to the breast. In traumatic neuroses the trauma represents the dividing line between the happy period before the trauma occurred and the unhappy one after it occurred. Accordingly, the repetitive nature of the typical dream of traumatic neurosis corresponds to the wish to return to the happy pre-traumatic period—in the case of the tooth dream to the period when the child still had the breast, the undisturbed sleep, and was unaggressive and undestructive.

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A NOTE ON THE EXTRAPOLATION OF ETHOLOGICAL FINDINGS¹

(A REPLY TO L. SZEKELY: 'BIOLOGICAL REMARKS ON FEARS ORIGINATING IN EARLY CHILDHOOD')

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In a series of articles and motion pictures representing steps of the 'Psycho-analytic Research Project on Problems in Infancy' I have investigated the manifestations and the development of emotions in the infant. Of these publications the monograph 'The Smiling Response' (11) and the article 'Anxiety in Infancy' (12) are particularly relevant to our present discussion. The investigations in question were conducted on one hand with the help of direct infant observation, on the other with the help of certain experiments which I described in the above-mentioned publications. The findings were as follows: The infant experiences its relationship with its mother emotionally and responds to this experience with a smile by the third month of life. This smile takes place in response to a visual stimulus within the human face. This stimulus is the eyes-nose-forehead configuration and is not reacted to from the beginning; the steps in its establishment are distinct; it takes two months before it becomes established. The fact that it does become established is a criterion of the normal inception of the infant's social relations, a first relation which is the basis of, and determines the pattern for, all later social relations. If we follow from birth the development of the smiling response, it becomes evident that the emotion underlying this reaction is similar to what we call pleasure in the grown-up. The appearance of the smiling response indicates that the child has acquired a capacity to distinguish and to experience positive emotions (13).

While the manifestations of positive emotions represent a reaching out into social relations, as it were, the manifestations of negative emotions are more in the nature of avoidance, shrinking

back, and flight. The history of their development in the first year of life appears more complex and more differentiated than that of the pleasure responses (14). I have distinguished three stages of this development:

1. Physiological *tension* leading to diffuse discharge phenomena at birth (10).
2. Unpleasure responses in the nature of fear to both physical and psychological stimulation, resulting in 'flight' and developing at some time about the third month of life.
3. Unpleasure responses in the nature of *anxiety proper*, developing in the eighth month of life.

I distinguish anxiety proper, the eight-months anxiety, from fear as follows: Fear is the emotion of unpleasure, experienced when confronted with a recognized physical or psychological threat. The term 'recognized' implies that the threatening percept has been experienced previously and has led to painful consequences. Anxiety on the other hand is a signal by the ego, warning the organism of an impending danger from within (12).

In a recent article published in the *International Journal of Psycho-Analysis* (17) L. Szekely presents several ingenious hypotheses based on animal ethology. With the help of these hypotheses derived from experimental biology he reinterprets the observations which I have published on the smiling response and on the eight-months anxiety. The conclusions at which he arrives are diametrically opposed to those which I have drawn in my articles.

In their observations on animal ethology, G. P. Baerends (1), K. Lorenz (6, 7, 8) and N. Tinbergen (18) have formulated the concept of

¹ Ethology, the scientific study of behaviour, investigates, from the viewpoint of the causal structure underlying behaviour, why the animal behaves as it does. Within this structure the problems of sensory physiology, neurophysiology, endocrinology, and their integration

in the act of behaviour as a whole on one side, on the other the ontogeny of behaviour and its evolution in the course of history and finally the biological significance of behaviour are examined.

what they call the 'Innate Release Mechanism', or IRM for short; and of key stimuli which release the IRM. A key stimulus consists in either a specific behavioural pattern or a perceptual element with Gestalt qualities that act as signal in eliciting a specific unlearned behaviour characteristic of the species for which this behaviour has survival value. The IRM on the other hand is that innate neuro-physiological mechanism which under the influence of the key stimulus will release the innate behaviour.

I described the 'eyes-nose-forehead' configuration as the stimulus which becomes effective between the third and the sixth month in eliciting the smiling response (11).

Szekely, on the contrary, believes that this configuration is a key stimulus, which is phylogenetically derived from the enemy key stimulus for triggering innate instinctive fear behaviour.

It is questionable whether the 'eyes-nose-forehead' configuration can be considered as the phylogenetic survival of the key stimulus for the enemy percept. This interpretation of Szekely does not appear to be borne out by the statements of the original observers, Baerends, Tinbergen, Hartley (5), and Lorenz. They make a distinction between key stimuli for enemy recognition and key stimuli for recognition of the species itself. The latter serve social behaviour.

In support of his argument Szekely quotes Baerends (1) to the effect that 'eye spots' may be used as frightening structures. There is to my knowledge only one reported observation in which this has been studied. That is the observation made by students of Tinbergen on butterflies, a species very far removed from man on the evolutionary scale. The other examples of the function of 'eye spots' given by Baerends show them in the rôle of a social releaser for sexual behaviour in fish. In other words, they are no longer key stimuli for enemy recognition, but for recognition of the species itself.

This becomes the rule on the higher levels of the evolutionary scale, in the birds described by Lorenz (6). He stresses that the various species of birds have particularly characteristic, conspicuous, and colourful facial markings. Lorenz believes that these markings contribute to release the 'gaping reaction' in the young, a response strikingly similar to the smiling response.

I am always reluctant to use similarities or dissimilarities in behaviour in phylogenetically organized species to support my arguments regarding human behaviour. But

even in the context of phylogenesis it seems to me that the 'eyes-nose-forehead' configuration, in the vast majority of cases where it becomes operative, is a social releaser key stimulus in the intra-species relations; the behaviour which it releases belongs to the feeding-nursing situation. I have alluded to this in my study on the smiling response when discussing the consequences for the evolution of man of the face-to-face situation resulting from the liberation of the hand.

Szekely then introduces an assumption according to which the infant reacts during the first months of life to the face of the mother with anxiety which is inspired by the 'enemy' key stimulus, by the archaic fear releaser, as which Szekely considers the 'eyes-nose-forehead' configuration.

From this assumption he concludes that when, in the third month, the infant smiles in response to this stimulus, he manifests the first mastery of this archaic fear. In Szekely's opinion the infant achieves this mastery by transforming the 'eyes-nose-forehead' part into a partial object with the help of libidinal investment. This could be a very appealing hypothesis.

He believes that the eight-months anxiety is the visible manifestation of the child's having learned to distinguish the part object of the mother's face from the pre-object of the 'eyes-nose-forehead' enemy key stimulus. According to Szekely the inborn visual stimulus is the 'eyes-nose-forehead' configuration, which triggers fear until in the third month it is transformed into a pre-object and provokes the smile as a mastery of this fear. Subsequently it loses its pre-object quality and becomes on one hand the part object when connected with the mother, on the other has retroverted to the archaic fear stimulus when perceived in the stranger.

These in essence are the assumptions made by Szekely and the conclusions which he draws from them. The psycho-analyst will have to consider this hypothesis carefully. It is a satisfactory and elegant formulation in the tradition of our analytical thinking. We must not overlook, however, that it is an extrapolation of the insights gained from the ideational communications of patients to perceptions of a visual nature in the infant.

Szekely stresses repeatedly that experimental proof of these hypotheses is still non-existent. He feels however that his hypotheses are supported by my observation that the child is afraid of the stranger even when it is sitting on its mother's arm and clinging to her.

I have to disillusion him on this count. He feels that this observation confirms his assumption that the fear manifested by the child is not a fear of loss of object. That would be true if this particular phenomenon were to be found in the majority of children. Such is not the case; in the great majority, children in their mother's arm or on her lap either pay no attention to the approaching stranger or even may show friendly curiosity about him. The very same children, however, when alone, will present all the signs of eight-months anxiety at the stranger's approach. Those few children who showed anxiety in front of the stranger when sitting on their mother's arm were rare exceptions, extreme cases. I have the suspicion that it is their individual history which causes them to react in that particular manner. They are not representative of the normal phenomenon of the eight-months anxiety.

To come back to Szekely's fundamental argument on the phylogenetic origin of the eyes-nose-forehead stimulus: from the beginning of my research on the smiling response I had considered the possibility of a connection between the 'eyes-nose-forehead' configuration and the animal's phylogenetically transmitted 'food' key stimulus as described by Lorenz.

For the purposes of our studies we have presented the stimulus of the face for six months, beginning with birth, once a week to several hundreds of infants. Each presentation lasted from ten to fifteen minutes; each presentation began with the normally smiling face which was successively modified as described in my monograph *The Smiling Response*. We have never been able to observe fear in any of these infants during the first three months, with the exception of three or four cases, in which a specific individual history of the infant in question provided a clearly understandable reason for the exception. What is more, the rather voluminous literature on the first three months of life does not to my knowledge contain any example of the human face provoking anxious reactions in the child.

Another point raised by Szekely is that, since the sight of a back is usually followed by the mother's disappearance, a back turned towards the baby would inevitably release the fear of object loss, whereas the experiments show that this is not the case.

A back, however, is not a percept with Gestalt qualities that lend themselves to discriminatory differentiation, even if we were to

presume that it could be emotionally cathected with unpleasure. A far greater discriminatory capacity has to be acquired before the baby becomes able, after a couple of years, to distinguish one back from another. At the eight-months stage the back approaching the baby does not represent one person or another, but a 'no-face', moving being. It has the potentialities of gratification, including those offered by the mother's presence. The back neither confirms nor excludes the mother's presence.

So far we have dealt with the factual misunderstandings, for which I have to take responsibility. However, in the limited scope of an article or of a monograph it happens that one overlooks the necessity of explaining *expressis verbis* observations with which one is so familiar that one takes them for granted.

I come now to certain theoretical arguments of Szekely, some of which are evidently caused by differences in our scientific concept. Throughout his article Szekely speaks of 'fear'. He notes that I maintain a preconceived theoretical assumption. This assumption is that fear manifestations in presence of the stranger are a 'reaction to an internal danger, that is an instinctive fear'. He is right. My basic concept of anxiety is that expressed by Freud in his book on the subject (4).

Throughout his article Szekely uses the terms 'fear' and 'anxiety' interchangeably. I make a clear distinction between fear and anxiety, as stated in the first part of this paper. I believe that the eight-months anxiety is a danger signal produced by the threat of a break-through of the protective barrier (*Reizschutz*) against stimuli (3). This is precisely the reason for which I called the phenomenon anxiety proper. Object-libidinal strivings in the form of longing for the mother put an increasing pressure on the ego, which is still too weak either to fulfil or to withstand these demands. The unopposed demand, the longing, is reinforced through the awareness of narcissistic inadequacy. It is an apperception, that is, an internal perception, of the threat that the ego will be swamped with feelings with which it cannot deal (4).

I have based my conclusions on the following considerations:

1. Long before the inception of the eight-months anxiety the child experiences fear when confronted with *known* and recalled dangers.
2. The stranger is not a danger experience in the history of children with eight-months anxiety.

3. In contrast with this, the child has experienced numerous unpleasure situations in connection with the mother, yet does not react to her face with fear.

It seems logical therefore to me that, since the stranger does not represent an external danger, the reaction of the child must be one to an internal threat. I do not share Szekely's opinion that anxiety reactions are observable earlier in the ontogenesis of the child. I believe that these earlier reactions are fear reactions in response to a known danger and modelled after the prototype of the trauma of birth. The latter I consider a physiological tension-state leading to diffuse discharge phenomena.

This theoretical difference between Szekely and myself is in the last resort a matter of definition. After all, in terms of our psycho-analytical theory we agree that within about a year after the appearance of the eight-months anxiety neurotic anxiety phenomena in children have unquestionably been observed in the form of night-terrors (16, 17), etc. At some point in the development the fear in the presence of the known danger is elaborated into the fear of the unknown danger, into the reaction to the conflict of instinct. I believe, notwithstanding Szekely's appealing hypothesis, that the eight-months anxiety

is the first observable instance of this conflict. It is not a neurotic phenomenon, but a normal one, in so far as the conflict is situated between the ego and the id. Probably the presence of a fore-runner of the superego, of a conscience in the form of Ferenczi's 'sphincter moral', is required for the conflict to take on the neurotic colouring of *pavor nocturnus* (2). At that point the conflict will no longer be between ego-weakness and id-demand, but between conscience and id.

Szekely's assumptions are primarily based on the hypothesis that the face is a phylogenetically inherited key stimulus derived from the enemy schema, a fear releaser; according to him the infant from birth reacts with fear to the mother's face. Evidence for this assumption is lacking. Indeed, all child-observational evidence is to the contrary. It therefore appears to me risky to draw conclusions from laws established for the behaviour of animals to the behaviour of the human being. Modern scientific methodology does not admit the application of findings operative on a level of minor complexity of organization to a level of higher complexity of organization without validating evidence (9). Until contrary proof, the thesis of Szekely will have to be classified under the aspect of an ingenious but speculative conjecture.

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NOTES ON A CASE OF DRUG ADDICTION¹

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The case to be described is that of a female drug addict who died towards the end of the fifth year of her analysis, at the age of forty-two, of cerebral hæmorrhage consequent on long-standing hypertension. Her death made me at one time relinquish my intention to present her case. Further consideration, however, convinced me that it provides such excellent clinical material on addiction as to merit description.

It would prove an impossible task to compress such a multi-faceted phenomenon as addiction into the time allotted, and a violation of its complexity to select one single aspect. Therefore, a solution will be attempted, I hope not too unsatisfactorily, by conveying a few clinical features and indicating the salient points of their genesis. Thus anamnesis, clinical history, and the course of analysis will be amalgamated. This unfortunately excludes a unilinear sequence of description and requires the listener's indulgence for a somewhat complex mode of presentation. Dream material, too, will be restricted to relevant aspects.

The patient married at seventeen, and her son was twenty-four when she died. She was a feminine-looking woman, very well-groomed, dressed with conventional taste, except for her peculiar headgear, which varied from a single large feather to just an enormous brim. Although of small stature, her weight at the outset of treatment was no less than 14 stone, this having been constant for the last twenty years. This and other factors, including high blood-pressure, had led her physician, unknown to her, to assess her expectation of life at a few months at most. Her oral anxieties had precluded slimming, since food deprivation greatly increased her craving for morphia. Only during the course of the treatment, when her anxiety was lessened, could she undertake a diet which reduced her weight by over 4 stone. Her blood pressure then fell considerably from the previous systolic figure of around 300. I ought to mention at this point that, during the entire analysis, the patient was under constant and skilled medical supervision. Her mental disturbances were further reflected in an

extensive symptomatology and included, among other phobias; self-imposed insomnia, severe claustrophobia, manifest homosexuality, gambling, and morphinism.

Both parents were grossly pathological and many of the patient's abnormalities were obvious reflections of her childhood history. Her father was an insatiable Don Juan type, and no female in his vicinity, including his own daughter, was spared from his advances. There is evidence of how he seduced and stimulated her from her earliest age. Freud, although not invalidating his ideas on the vital effect of phantasy, reverted in his latest paper, 'On Female Sexuality', to the recognition that, where actual seduction occurs, it invariably disturbs the natural course of psycho-sexual development and has profound lasting consequences. This father had only to touch the patient's hand in her adult life, as well as in her childhood, to show signs of an erection. In treatment she frequently used a German saying, '*Zeig' ihm einen Finger, und er nimmt die ganze Hand*'—'Show him a finger and he grabs the whole hand'. The background of this saying was to become evident in many analytic contexts.

The mother, like her child, was intelligent and well-bred but highly disturbed. She seems to have suffered, among other peculiarities, from a particular type of death-fear which took the form of an over-exaggerated wish to appear much younger than she was. When pregnant with the patient she could not admit to the idea of having reached child-bearing age. She expected others to comply with her denials. Thus, even up to the time of the patient's death, she was introduced by the mother as her sister or friend. The mother achieved a sublimation of considerable merit, owning a reputable and flourishing institute for rejuvenation.

The patient was born in spite of attempts at abortion, and the mother pursued every stage of the child's development with strict disciplinary measures and frustrating tendencies. Nurses and governesses who became friendly with the child were usually dismissed, and teachers were influenced not to promote the child to a higher form, to postpone the evil hour of having a daughter of school-leaving age. The mother seems also to have had a severe masturbation problem and would not allow her

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daughter, until the age of fifteen, to bath alone or to use the lavatory behind closed doors.

As the patient's material could give the impression of cover memories or masochistic phantasies, it seems necessary to emphasize that this history is verified by outside sources as well as clinical evidence. The patient's masturbation was covered by the deepest amnesia, although various equivalents were readily detected, for example, in school she was allowed to knit because she could not concentrate without it. The serious consequences of excessive anti-masturbatory severity have been stressed by Helene Deutsch, Ruth Brunswick, etc., and, more recently, Anna Freud has emphasized, in particular, that complete suppression of phallic masturbation can lead to serious impairment of ego-activities, sometimes so far as to produce psychopathic behaviour. The extreme prohibitive supervision in this case was aggravated by the father's repeated seductions. From childhood, therefore, the patient always swayed between prohibition and temptation, until in later life anxiety and wish became unalterably welded.

During the first three months of her life she encountered prolonged severe stress and nearly starved to death. This period of breast-feeding by her mother was a succession of vomiting, diarrhoea, breath-holding, convulsive crying, sleeplessness, and complete exhaustion. When all hope had been abandoned, the mother at last engaged a wet-nurse and profuse lactation was eagerly accepted. As soon as the baby's health improved, the wet-nurse was abruptly dismissed, the happy state came to an end, and the old disturbances revived in full force.

To anticipate the core of the case, she was the rejected child of a sadistic mother and all her mental and psychosomatic disturbances bore the imprint of this fact. Her life was a desperate Odyssey in search of the mother and the seeking for her breast the phantasy content of her addiction and homosexuality, the same aetiology being responsible for both disturbances. In the latency period, her homosexual desires were already manifest and were then, as later, directed towards women in authority. At the age of eight, she rose suddenly from her seat to unbutton, in front of the whole class, the blouse of a beloved teacher. At 9, she produced pains all over her body so as to be massaged by an adored nurse. Her identifications with her teachers, although homosexual in nature, were important incentives for learning.

At sixteen, still believing that she could thus become pregnant, she encouraged the manager of her father's business to kiss her and told him that she now expected marriage. The mother tried to dissuade the man and she might have succeeded in preventing the marriage, which actually took place one year later, had not the father become bankrupt and fled abroad, while the mother, also, departed with her younger daughter. The patient's future

husband imparted to her the news that she was without parents, home, or means. He was an open-hearted, affectionate man of high reputation in business circles who not only married the already sick, monstrously obese and penniless girl, but stuck to her through all ills to the end.

At the age of nineteen, after two years of marriage, following a surgical operation, she became and remained a morphinist for eighteen years. During this period the pathoplasticity of her body was so skilfully exploited that there was no doctor or nurse who could resist giving her morphia whenever she produced pains, convulsions, spasms, gynaecological trouble, or the symptoms of gall or kidney-stones, etc. With the onset of morphinism, she stopped having intercourse with her husband and either engaged in manifest homosexual activity or spent her days in drug elation and stupor. Throughout her analysis, however, in spite of recurrent agonizing desires, she maintained abstinence in both these respects.

The well-known impatience and tension-intolerance of addicts disposes them against the slow method of analysis. Also they are reluctant to seek analytic help. It was actually a wave of paranoid homosexuality which swept her into my consulting room. While under withdrawal treatment in a mental hospital, she fell in love with a woman doctor who failed to notice her innuendoes. This doctor had occasion to refer to me in appreciative terms. Thereupon the patient suspected an affair between us and became magnetically attracted to me. Hoping to win one of us by severing our imagined relations, she manoeuvred the Hospital Superintendent into recommending analysis. This preformed transference was unknown to me when I took her on. The initial house-on-fire transference had a dual structure. The superficial positive element also contained features of the libidinizing defence against anxiety described by Fenichel in one of his articles. With the patient, it derived from the childhood situation when her dread of the ever-changing nurses led to quick shallow contacts, inhibition of aggression, and mistrust of her own projected affects. Underneath her initial love for me was a thick layer of paranoid mistrust, since she was seeking the woman doctor from the mental hospital, whom she suspected to be hidden in my house. When this subsided, it was followed by a very positive but infantile imitative identification with the analyst. She readjusted her household, catered for good meals and, instead of a lavish squandering of her husband's often hard-earned money on homosexual love-objects, renewed and refurnished her home, in particular building up a substantial library. She became interested in people and their problems and became well-loved by many whom she could help. This dramatic change at the end of the first period of analysis stood in sharp contrast to the paranoid beginning, representing the good introjects of the short-lived oral satisfaction phase,

the quick assimilation in the transference corresponding to the satisfaction experienced with the wet-nurse.

In her homosexual desires the *conditio sine qua non* was that the woman had to be older than herself and, to tempt her, she had to be motherly with voluminous breasts. In her manifest homosexual relations, a well-developed clitoris was of great importance. Towards men, in contrast, she was extremely aggressive, dominated by penis-envy and her revenge-type castration complex, as Abraham called it.

She soon began to play cards for high stakes, exclusively with men and, at the card-table, earned the nickname of 'The Fortress Commander'. Her earnings from these men were spent on presents for prospective love-objects. Thus gambling, one of her major addictions, was solely in the service of homosexuality. One motive was made clear beyond all doubt by her use of such expressions as 'tearing' or 'wrenching' the money away from men, stripping, robbing and humiliating them. To borrow Ella Sharp's phrase, 'The physical background was always apparent behind her metaphors'. In a dream, she wrenches away from a man a diamond-studded revolver, to give it to a beloved woman. Thus she starts the conquest of woman in the guise of a man and a provider soon after, however, feeling frustrated in the active role. To describe this, one feels tempted to reverse the title of Joan Riviere's paper and call it 'Masculinity as Masquerade'. What she really wanted was the deepest longing of the addict, to be the child, suckled, petted, and engulfed in the mother. Usually she felt cheated, since the partner wanted, at least to some extent, the same thing. Whereas mother-child interchange is usually possible in non-addict homosexual relations, with her and, perhaps, with addicts in general, the strength of their oral greed does not seem to allow this. Thus her relations came regularly to a bitter end. The actual sequence of events was that she produced excruciating pains, inducing the partner to procure and administer morphia on an increasing scale. The partner, complying for the sake of the relationship, was of course disappointed, since, apart from relief of pains, the effect of morphia on such predisposed individuals is what Rado calls 'the pharmacogenic orgasm'. Morphia, by direct action on the central nervous system, short-circuits the peripheral sexual apparatus and, by substituting an alimentary pharmacogenic orgasm, leads to the turning from object love to the drug which then becomes the only love.

The oral frustrations and the lack of early mothering were succeeded by further rejections and frustrations in the anal phase and a too strict habit training in which she had to perform immediately or the pot was removed. Assuming a similar strictness in the analyst, she dreaded to come late to her sessions, yet she could not come early, fearing her own

mounting rage at being kept waiting. This attitude certainly fused oral impatience and anal compliance, and was the reflection of her bitter childhood experiences in the early paranoid phase of the transference. The loosening of it was marked by the following dream: She is racing along the street to her analysis, chased by a little chamber pot with a smiling face. This dream, the last of an anal dream series, was followed by a functional autonomy so that, to test and to enjoy her newly acquired patience, she came early to her sessions and dealt at busy shops where she knew she would be kept waiting. At the same time, it marked the fading out of the oral-anal 'too early', 'too late', or 'to get stuck' fears, although these were to appear in genital context, as will be shown by the way in which her father's seductions impinged adversely upon her sublimations.

She had the ambition to be a pianist, specializing in Bach, but her playing was invariably affected by an attack of anxiety. In many dream versions, a small brook, in German 'Bach', grows into a turbulent river, ending in a frightening waterfall. It was not difficult to refer this to her father's habit of urination in her presence. Her talent would have justified the career of a pianist but the fear of getting stuck, and an urge to accelerate, precluded this. Adagio or largo was involuntarily increased to presto, prestissimo. Her unconscious guilt also prevented her playing by heart, except two pieces played on an occasion when she noticed the music professor nodding approval to her mother. In many dreams she sits on something warm, with her back to an upright piano, her feet not touching the pedals—a child on a man's knees. She tries hard to play but, since the keys of the piano feel like a sponge, eiderdown, or hairy cushion, no sounds are elicited. Her father was a precocious ejaculator and, when misusing the child, would snatch or thrust away her hand according to his needs, leaving the wrought-up girl excited and frustrated. In another dream version, just as the sound seems to be coming, she notices with horror that her hands are sticky and so, again, gets stuck in her playing.

In her fifth year, her great disappointment in her father coincided with the birth of her sister, an event of decisive importance. He promised her then a little boy in a Tyrolean hat with a feather; to play with her and be her sole possession. Her crazy hats remained a life-long allusion to what this broken promise meant to her. She had no opportunity of mothering her newly-born sister since the two children were largely kept apart, even having separate governesses. This disappointment marked another stage towards the final outcome of homosexuality, the other basis of which was the oral disposition and the deprivational fixation to the mother. From that time on, her passive wishes towards her father changed into the wrenching away attitude and it was thus that she approached the homosexual

love-object with the phantasy of having obtained a penis.

The disappointment in both of her parents distorted her object relationships and consolidated her depressive disposition, as noted in two papers by Edith Jacobson: 'The Oedipus Complex in the Development of Depressive Mechanisms' (1943) and 'The Effect of Disappointment of Ego and Superego Formation in Normal and Depressive Development' (1946). It led to unusual deprecation of her parents and to seeking for other, highly idealized objects, blocking the way to realistic relationships. Either a wholesale displacement of her dissatisfaction and disappointment took place, as in her relation to her husband, or complete idealization held sway. A difficult analytic problem was created by a cast-iron transference resistance in which the idealization of the analyst reached extraordinary heights. It not only defended the object against her hatred, as Balint qualifies idealization, but had a much more pathological function. It served to deny that the analyst might have the faintest possible similarity in any respect to her parents and, on one occasion, when this defence was threatened seriously, she reacted with an intense but transitory depersonalization.

One dramatic feature of her numerous anxieties was a pathological fear of death which was bound up with her sleep phobia. This latter, once established, is well known to lead easily to insomnia and claustrophobia by equating foetal existence, sleep and death. The equation between death and intercourse was illustrated by a variety of dreams in which she, as a little girl, is followed by a man who wants to murder her. In utter despair she lifts her skirts, showing herself naked, preferring rape to murder. The background to her primal phantasies was that, until her sister's birth, she slept in a room adjacent to her parents. She understood what was going on in terms of execution, retaining all her life both the typical symptoms of hyperacusis and the fear of being taken away by mistake for execution. Her childhood reaction had been to feign death by a rigid stillness. From childhood up to the third year of analysis, she tried by various methods to avoid deep sleep, including copious water drinking so as to be roused by the need to urinate. This was for some time acted out by drinking glasses of water before her sessions, in order to interrupt them by urination. Drinking was shown in many dreams to be a matter of life and death. She also developed a complexive hypersensitivity to words which contained even a far-fetched allusion to death. The word 'gründlich' (deep or thorough) had to be avoided because it contained the syllable 'grund' (ground). She could argue cogently that a dreamless sleep might end in death and the antidotes were vigilance and the constant production of dreams. She could not remember a dreamless sleep and the blank dream screen denoting the empty flattened-out breast after

sucking, as first mentioned by Isakower and later by Lewin, seemed never to have occurred. Sleep inversion was, of course, also developed under these conditions, forced sedatives only redoubling her efforts and, as she could keep awake under morphia, even when semi-stuporous, she presumed this was the safest and most agreeable way to keep alive. Apart from morphia, to her all medicines were poisonous.

Her dreams, like those of children, abounded in both symbolism and day elements, which latter, besides other determinants, helped to reduce the difference between sleep and waking, dream-life and reality. Well over a thousand dreams were recorded during her analysis, the average nocturnal production being three. They occurred either in dream-pairs or showing a threefold dialectic of frustration, longing with very near gratification, and finally, utter frustration. Such dreams are similar to those described by Victor Tausk in his paper, 'The Alcoholic Occupational Delirium', representing the incapacity for orgasm, and the traumatic frustrations in the life of the dreamer, but nevertheless attempting a belated but traumato-philic mastery.

Her dreams entailed the oceanic longing for sheltered existence and oral satiation, but were reproduced only on the basis of Tantalus situations from which she fell into the abyss of frustration. A recurring item in these dreams was the sea, in German 'das Meer'. In innumerable versions she tries to reach the sea but mountains, barricades, or icebergs make her efforts vain. Sometimes the sea is in sight, but the nearer she approaches, the further it recedes and her heartbroken nostalgia is almost indescribable. One day, when she is understood that 'das Meer' also represented 'la Mère' (the mother), she burst into tears. Such situations occurred in the transference dreams, too, where she stands in front of my door, waiting in torment for admittance. Very often the doorbell is missing and she gropes desperately for it.

At this point I wish to cite an interesting daydream which recurred in varying versions over a period of years. The hero is a young man who, because of a slight but incurable leg injury, can never leave the house, which is run by the patient and her motherly, beloved partner. The house itself is a splendidly equipped maternity home in which continuous childbirth takes place smoothly. In this paradise no baby cries, feels hungry, or dies, and the three people live in complete harmony. This idealized trinity represented mother and daughter united with the borrowed male genital, formerly father's and later her son's. This daydream was understood when a repressed memory was recovered via a dream. In this dream, a little girl wanting genital stimulation, lifts her skirts to a man; but either she or the man rolls back as in a wheel-chair and she is left frustrated. The wheel-chair is a historical dream element connected also with the previously men-

tioned daydream. When she was three, her father injured his leg and, being confined to the house, propelled himself around in a wheel-chair in which he also stimulated himself, using the child's hand.

Her attitude to her father was reflected in her feelings for her husband. Until treatment, his Parsifal-like loyalty remained quite unnoticed by her and she lived in the virtually delusional belief that he was a cruel black-marketeer who married her for convenience. The displacement of her contempt from father to husband was exemplified by transferring to him unjustifiably the saying, 'Give him a finger and he grabs the hand'. Also, in her dreams, she has full control, including castration, over the body of her son, the penis being represented by a top or an opera-hat. Another aspect of her relation to her son was shown in her first reaction to his birth. She remembered clearly her thought on this occasion, 'Now I have a penis and it's mine.' On a particular occasion she dreamt that a minor leg operation was to be performed on her son. It was to consist of cutting away the cuticle, which she also called foreskin, on a toe-nail. In agony, she implores the surgeon not to cut more than is really necessary, since she cannot go on living if her son is maimed. This dream was provoked by the fact that her son wished to introduce a girl to his mother, hoping for her approval. What happened was most instructive. The patient rose to welcome the girl on meeting and literally made a *faux pas*, breaking her toe and having to be driven home immediately by her son. Here, a complete, or as James Strachey would say, mutative interpretation could be given which enabled her to recognize the narcissistic and possessive relationship to what she called her madly-beloved son. The aim of her penis-envy was, as has been said, the mother. The ultimate aim of the libido was complete unity with the mother, which is a narcissistic and not an object investment. In the previously-mentioned maternity-home daydream, the continuous child-birth represented her wish for immortality.

Much has been said of her longing for her mother, and it is time to turn to the other side of the picture. Her pronunciation of the word 'mountain' in a series of dreams was in striking contrast to her usual North German accent. To our surprise, the South German version was found to coincide with the name of her mother. Some of the violent devouring elements of these dreams will be found also in her claustrophobia. In one dream, her former headmaster, whose name was the exact combination of her parents' names, has to have intercourse with every girl in the school. Alternatively, he can eat them up, as the lions did the early Christians. In another, she has to eat a mountain of baked beans or semolina from a woman's vagina, but the smell of semolina, meaning semen, nauseates her. Associations pointed to ideas of oral intercourse, to birth phantasies, and the wish to intrude into the mother by eating her way in. In the transference,

too, she tried to obtain inside information about me from various sources, including workmen in my house. These dreams illustrate also the interplay between the active and passive wish and the fear of eating, or being eaten by, the mother which is the fixation point of paranoia in women, as Freud and Melanie Klein pointed out.

Just as she claimed ability to smell whether food, even in the refrigerator, was to-day's or yesterday's, so she also conjectured sexual intercourse from the smell of a woman's breath and for this reason often changed otherwise satisfactory hairdressers. This olfactory hypersensitiveness was used both in life and in analysis as a sensorial tool in the service of paranoid suspicion. Freud mentioned this in one of his case histories, while Ferenczi, Jones, Imre Herman, and Helene Deutsch made relevant contributions. Although, in her case, the classical finding that faeces are the original persecutors was easy to confirm, there was also full evidence that her paranoid fears had strong oral determinants, in origin probably the smell of the bad and unwholesome milk. Actually she had had only one true attack of paranoid projection when, at the age of fifteen, after an appendix operation, she wrote a desperate letter to her father, begging him to return, since her mother was trying to poison her with medicines. Her father at this time wanted to divorce his wife for another woman who was also adored by the patient. He returned and reassured the patient about her mother but wanted to use the letter in evidence. She, however, protested strongly and never again parted with any documents until, one day in her analysis, she presented me with the maternity-home daydream, written out in full, calling attention to her trust in me. Her own bad conscience at wishing her father to marry this other woman whom she desired had, of course, led to her paranoid distrust of her mother and so to the fear of being poisoned. This gift to me was the acknowledgement of her understanding.

In her fifth year she had a desperately anxious period during her mother's pregnancy. Analytic reconstruction revealed this phase as the crystallization of her claustrophobia. Her former feeding disturbances revived in full strength and, for a while, her life was again endangered by neither eating nor sleeping. Her oral wishes and anxieties were localized in the growing abdomen of her mother. She screamed convulsively at a children's play where the witch's big tummy proved to her that Gretel, who was actually running about the stage, had been eaten up. In the analysis, dreams and phantasies illustrated her ideas of oral impregnation which explained her hysterical nausea, other eating difficulties and phobias. Both versions of how the foetus enters the mother's body were represented, the one being swallowed or eaten by the mother, the other the baby eating its way in. It is clear how her claustrophobia is connected with these

phantasies, which also illustrated the specific quality of this anxiety in claustrophobia, to which Melanie Klein and Lewin have drawn particular attention.

It should be mentioned here that, in the first year of her life, apart from the wet-nurse, the father was the only person who could deal with the baby, feeding, bathing, and silencing her miraculously by stroking and fondling her body and, likely enough, her genitals. Thus the rôle of the first as well as the second seducer was played by the father, surely a fact of significance. Thus also a narcissistic hypochondriacal body-ego was prematurely forced to develop. The rubbing stimulated her skin erotism and fostered the later body-phallus phantasy, in which she copulates with her mother by identifying her own whole body with the father's genital. Lewin stressed the importance of skin erotism for the formation of this phantasy in claustrophobia. Conversation with a newsagent about the delivery of her twelve German weekly newspapers, another manifestation of her addictive search for inside information, evoked the following dream. She finds herself in a round newspaper kiosk which turns first into a child's cot with iron railings, and then into a narrower cage containing an upright piano on which she is expected to improvise *The Merry Widow* and *Die Fledermaus*. She is unable to move, there is no exit, and the narrowness is suffocating. Attempting to suck her way out, she is hindered by suffocation and her mouth seems full. Ignoring the various genital items and the implications of *The Merry Widow* and *Die Fledermaus*, and just dealing with the features of immobility, suffocation, and the full mouth, I would like to mention that Willi Hoffer, in his article on 'Mouth, Hand and Ego Integration', noted that, in the life of the neonate, the use of the hands as organs of prehension does not start before the end of the third month. This intimates the oral origin of this patient's fears of suffocation, of being poisoned, of dying, and of sleep. In these anxieties, a number of convergent factors from all later strata were fused and the deferred elaboration of cumulative impressions was integrated into the claustrophobia.

After a long period of steady improvement in her physical and mental state, a sudden deterioration set in, accompanied by an increase of claustrophobia. This year, the fifth of her analysis, was emotionally a repetition of the fifth year of her life. The exacerbating factor was a gynaecological operation, the extent of which was beforehand in doubt but which, in the event, had to be hysterectomy. The final realization of her inability to bear more children, although already excluded entirely in reality by other factors, aroused in her the former emotional upset, as when her father disappointed her. Her blood pressure rose with her oedipal anxieties. It is common knowledge that excessive anxiety, together with the accompanying inhibition

of aggressive impulses and the ensuing tension, constitute the dominant psychological factors in essential hypertension. The clinical picture was alarming.

Many analysts agree that in the treatment of borderline cases, severely traumatized at all stages, some modifications, without impairing the neutral reserve of the analyst, are found to be necessary. Their panic-stricken anxiety, deriving in part from lack of parental support, must come to a first abatement. Unless they can rely on the analyst in the rôle of 'the ordinary, devoted mother', they behave like traumatized pre-oedipal infants and their anxiety excess does not permit them to gain insight. Their surplus of narcissism calls for postponement in dealing with the negative transference, and as many total interpretations as possible should be given, fusing present-day, childhood, and transference material. Greenacre suggests that the larger outlines of behaviour tendency should never be omitted as a framework for interpretation of the final details. She agrees, also, with providing some extra-analytic security in such cases if necessary arises. In the present case, the taboo on intervention had already been broken on two former occasions. Messages had been received from her specialist that, unless she could be enabled to lose weight and to sleep, she has no chance to survive. First, I had decided to work out with her what proved to be a very successful diet. She had responded by presenting me with a loaf of special bread and analytic material by quoting a poem, 'Als das Brot gebacken war, lag das Kind auf der Totenbahr', which means 'By the time the bread was baked, the child was dead'. Secondly, since she could not accept any sedatives from medical attendants, I had given her some pills, a compound of hops and valerian, which she had been able to use. Being questioned, I had had to admit that I also took them, and to this she replied with a sentence, verbatim, from Alice Balint: 'What is good for the mother, is good for the child.'

During the final alarming phase of increased claustrophobic symptoms, although much insight was gained from interpretation, the primary anxiety could not be allayed. In what were to prove unfortunately the last few weeks of her life, her specialist considered it vital for her to take a new brand of hypotensive tablets. Against these she struggled with all her might, stating that her claustrophobia increased to a rigid panic after one attempt to swallow and she felt drugged. Her anxiety became so intolerable that

it prevented her even from reading, which, as a major interest, expanded during analysis, had functioned as a benign addiction, a canalization of her former noxious one. This situation jeopardized the only respite from her anxieties and made a catastrophe imminent. I then offered to go to the specialist to discuss her medication. Unfortunately there proved to be no time to act on this offer. That very afternoon she had a fatal cerebral haemorrhage. Thus the claustrophobia, which related to her deepest point of regression and to her paranoid and oral fears of annihilation, ironically enough, also precipitated her death.

The clinical data of the case suggest a few hypotheses, more in the nature of queries than of statements. The first concerns the symptomatology; the second the strategy of treatment; and the third, the function of her addiction.

It was evident from the beginning that she suffered from those disorders which entail a close connection between anxiety development and symptom formation. Thus she showed the complex picture of anxiety neurosis, conversion and anxiety hysteria, insomnia, addiction and psychomatic disorders such as hypertension and cardio-respiratory symptoms. The original prolonged painful stimuli which, in infancy, had invaded her body and organs induced a narcissistically hypercathected body image with hypochondriacal properties which remained the representative sample of her ego. The original traumata and their somatic discharge left an increased tendency for the use of this channel, the psycho-physical substratum of her make-up, draining subsequent conflicts into bodily symptoms. This accounts for the extensive lay-out of her symptoms, every one of which is a compound of all the aetiological factors in her mental disturbance. Symptoms which can, with other patients, be special entities, are, in her, interdependent symptom complexes aiding and abetting one another. They suggest a syndrome-like formation under the impact of excessive traumatic primary anxiety, reinforced by the traumata of all later stages and built on a constitutional insufficiency of the protective barrier, anxiety-readiness and low-tension toleration being most marked in former generations of her family.

In spite of the vast lay-out of her symptomatology, a surplus of anxiety was left unbound. The binding of this surplus was the function of the addiction, to which, failing other mastery,

the weak ego left the canalization of unbearable tension. Under increased tension somatic disturbance ensued, and this, in turn, caused further increase of tension; a vicious circle arrested temporarily by the drug. Taking this into account, addiction appears in a constructive aspect. Without it, the alternative for the patient would have been psychosis. The *quieta non movere* principle was based, therefore, on trying to keep the patient on the level of alimentary orgasm and to prevent a deeper regression. In the strategy of treatment, which was, I hasten to say, not preconceived but rather imposed by the nature and possibilities of the case, the therapeutic aim was the conservation of addiction. This absurd-sounding aim might seem less bizarre if re-stated as an attempt to break down the noxious addiction into harmless equivalents.

Of the patient's non-pharmacological addictions, time only allows me to cite one example. She was in the habit of devouring several books a day and read with what one could call an 'emphatic index'. She swallowed what was good or relevant for her unconscious purpose, not taking in what was not or ejecting it, like a first expulsion from the ego, as described in the paper on 'Negation'. She also distorted issues in her reading, according to unconscious wishes and memories; or she involuntarily synchronized different readings to a wiseful pattern. She produced, for example, in good faith, the idea that Cordelia had replied, to Lear's famous question, that she loved him as much as salt. Being banished, she returned in the guise of a kitchen-maid and served his food regularly without salt, until he spat it out and called her to judgement. He was then forced to acknowledge her and his mistake. These and other similar products of her reading addiction show such mechanisms as occur in dreams and were analysed accordingly. James Strachey's findings on reading addiction could be fully verified.

In such cases as this, primary anxiety of long duration and intensity can be lessened but not reliably deleted. This certainly limits the scope of treatment unless channels of sublimation can be found. That they could not be satisfactorily developed in this case leads to the intriguing problem of why some male addicts, in contrast to female addicts, show remarkable sublimations. In the present case, in spite of achievements of non-pharmacological addictions, the adhesiveness and inflexibility of the patient's libidinal

attachment to the mother did not allow of truly desexualized activities. The expansion during analysis of these harmless addictions compared with the alternative of a relapse into morphinism was regarded as a therapeutic gain, and their stabilization, as has been indicated, was a major aim; failing, of course, the possibility of true sublimation which would have been the ideal and might have been reached had she lived.

The cycle of hunger and satiation leaves indelible imprints on the melancholic too, but—taking the wide constitutional variety in the endowment of sadism as axiomatic—his stronger sadistic charges induce a sadistic superego which has to be overthrown by mania to bring about a fusion with the ego. Compared with mania, the delation of the addict is at a low ebb. The decisive fixation point of manic depression is the second oral phase, whereas that of addiction seems to be the first. Although the first oral phase is considered, according to Edward Glover's and Paula Heimann's corrections, ambivalent and not pre-ambivalent as Abraham thought, the sadistic charges are considered weaker than those of the second; also there is no strong superego to be overthrown and the pressure is more that of anxiety than that of aggression. Although the guilt systems in this case do not seem strong, the superego was not lacking. The patient was not, like some other addicts, a delinquent who steals the drug; rather she produced symptoms in order to obtain it. However, good introjects were poor and the superego was not based on reliable identifications.

The building up of an autonomous, in place of her heteronomous, superego was another aim of therapy, as was also an increase of ego strength to the level of signal anxiety and toleration of depression. They were to some extent achieved.

An article by Therese Benedek assisted in drawing a line of demarcation between the patient's ideas about the poisonous qualities of medicines and true paranoid projection. With this patient it was the drug that was noxious, not people who poisoned her. There is no delusional

perception of an altered environment; only a hypochondriacal ego-change. Although the regression goes back to the first oral phase and could be considered paranoid, the affects are bound within the mental structure and not projected on to the external world.

It is customary to classify addiction under one of the three dominant aspects according to whether the paranoid, the depressive, or the homosexual factor plays the leading rôle. A close examination of the case under discussion does not invite its subsumption under only one of these three aspects, since they appear combined, integrating in almost equal proportions, thus strongly suggesting a centre of aetiological convergence. The historical basis in this case for the combination of these three aspects is considered to lie in the tri-phasic basic experience of the patient's earliest life, with the two periods of excessive frustration and the intervening period of intense gratification by the wet-nurse. These three phases became decisive points of fixation. The first was a paranoid projective with indelible marks of primary anxiety. The second, called by Rado alimentary orgasm, was introjective. The third entailed an oceanic longing for the previous alimentary stage and produced the phantasies in which gratification was unobtainable; this is thought to be the fixation point for her homosexuality.

Finally, a hypothesis suggested by the case is that in female homosexuality distinction should, perhaps, be made between one variety which appears *sui generis*, and another which is an integral part of the addiction syndrome. In this case, which I have reason to believe is not unique, the pregenital antecedents of the Oedipus situation have a relatively stronger determining effect.

Both the particular and the general validity of these conclusions can, of course, be verified only by the analysis of other similar cases.

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EMERGENCE OF SLEEP DURING PSYCHO-ANALYSIS.

A CLINICAL NOTE

By ALAN PARKIN, LONDON

This is a report of two consecutive hours from the early part of the second year of the analysis of a 36-year-old physician.

His main symptom is his belief that various people infect him by throwing or squirting gonorrheal pus over him and sometimes by spitting or urinating upon him. During such periods of infection, which sometimes occur several times a day, he shuts himself away and for hours attempts to disinfect himself by desperate and frantic methods which are always accompanied by an overwhelming sense of guilt. In the interim periods he is rarely free of the fear of being infected by others, and his thoughts are concerned almost constantly with ways in which he can detect his potential enemies and forestall their attack. In spite of these severe handicaps, he is able to discharge his responsibilities as a husband, father, and busy G.P. He is rarely early in arriving for his analytic hours, partly to avoid remaining in the potentially dangerous waiting room, and if he finds the consulting room to be empty, he often waits there.

At the beginning of the first of these two hours I approached the consulting room and observing it to be empty through the half-open door, I went to the waiting room. Not finding him there, I returned to the consulting room and saw him through the doorway waiting there for me. After reclining upon the couch he spoke at some length of his dissatisfaction with his ability to associate freely. He had resolved that that day, being not only the first day of the week, but also the first day of the month, he would make a determined effort to give his associations in the way he believed was expected of him, namely by reporting words or phrases while in a state of reverie. As he talked he seemed to drowse and after a brief pause said 'I didn't know you were coming.' After a longer pause, during which he seemed to continue to drowse, I replied, 'I didn't know

you were here.' Immediately he became attentive and said he had visualized a pregnant patient of his who had made an unexpected professional call upon him. He then considered the remark I had made and said that on his arrival he had observed at the foot of the couch a blanket which he had been accustomed to see upon a nearby chair. He had been on the point of removing it when he was struck by the belief that it was dangerously infected, and in his sudden indecision felt that his overcoat, which he had just hung up behind the door, was also infected. The latter feeling, being the more imperative, dispelled the former, and he had quickly placed the blanket upon the chair in his hurry to turn his attention to the overcoat. While frantically rubbing at the latter he had heard me approach the consulting room unexpectedly, and then disappear. Knowing that I would return in a moment and not wanting to be discovered in an act which was for him accompanied by such guilt, he quickly stepped from behind the door to wait for my return. His feeling of guilt about these events which had prevented him from mentioning them at the beginning of the hour was verbalized, and he related it to the feeling which followed masturbation.

I began my interpretation by drawing his attention to the fact that his feeling of the blanket being infected had been dispelled without any disinfecting activity on his part. He instantly expressed his appreciation of the significance of this, for during the immediately preceding analytic hours he had been concerned with the possibility whether in fact infections actually existed and could be removed by some means other than the external measures adopted by himself. His feeling of guilt changed to one of great pleasure and he listened attentively as I continued the interpretation by pointing out that the feeling of being infected himself (he always felt his overcoat to be very much a part

of his body ego) must have followed some thought he had had about which he had felt very guilty and which had later caused him to equate my unexpected arrival with that of a pregnant patient. After I had finished I immediately heard a sudden snore, and it was obvious that he was deeply asleep. As the hour was drawing to a close I woke him after five minutes by making a banging noise with my foot. He realized he had been asleep, but thought it had been for only a few seconds, adding, 'If anyone told me it was as long as five minutes, I'd say he was crazy. It was the sound of the men hammering which awoke me.' He confirmed my impression of his having fallen asleep almost instantaneously by repeating the final part of my interpretation. He had been greatly interested in it, had experienced an intense feeling of relief, had felt that my words were 'fortifying and full of meaning', and had slept a sleep of 'satisfaction'. The hour ended on this note.

He began the following hour by saying that he felt the pillow on the couch to be infected and that this was due to my possibly having used it to cover the genitals of a female patient during physical examination. He was, considerably agitated, kept his head and shoulders raised from the pillow, spoke of his desire to examine it and reassure himself and of his reluctance to do so in my presence. Finally he withdrew the pillow from beneath his head and, after carefully examining both sides of it, replaced it, saying he had discovered no evidence of any infection. He went on to speak dejectedly of how he felt his feelings of being infected were becoming worse, by which he meant that he was becoming more aware of how little determined they were by external reality. His reversed awareness of internal change as an external change reminded me of an association to a dream he had had three months previously. On that occasion he had compared the vivid impression of movement in the dream to the reversed impression of movement one gets when sitting in a stationary train watching an arriving train on the next line. When I reminded him of this previous association, he remained silent for a moment and then replied that it was similar to the split second of indecision he had experienced about whether he was in danger of infecting the pillow or the pillow was in danger of infecting him, following his sexual thoughts about my previous female patient. After expressing these feelings he paused momentarily and suddenly began to breathe in a ster-

torous manner. He awakened spontaneously three minutes later, realized he had been asleep, and recounted his last thoughts before falling asleep. He had been reminded, as I had, of his earlier dream, which had occurred on the night before his wife gave birth to their second child. He had dreamed that he had approached the breast of his sister-in-law (who had just given birth to twins) and had later corrected his recollection of movement in the dream following the aforementioned association, thus: 'I was quite still and she was offering me her breast.' This theme had somehow been continued vaguely into his sleep and he now recalled his hypnagogic hallucination during the previous hour of being approached by a pregnant patient with whom I was identified. He added that his interest had centred upon her enlarged breasts.

Comments

The overdetermination of the act of falling asleep is illustrated in these two psycho-analytic hours. The first contribution to the act is from the wish of the ego to produce free associations while in a state of reverie. . . . the ego's contribution to the *sleep dream* may also be the wish to dream rather than to hallucinate. (Scott, 1950).

The contribution of the ego is reinforced by contributions from several different 'levels' of the id, all of which strongly express the passivity against which this patient struggles so desperately. From the phallic level comes the wish to place in abeyance during sleep all the means he possesses for doing battle with the overwhelming environment. The fear of this passivity is constantly expressed in his major anxiety, the fear of being overwhelmed by situations of infection, but when, on two occasions, interpretations led to his recognition that the active role in the precipitation of such situations was played by himself, he was able to abandon himself almost instantly and securely to a state of sleep. This was partly in response to reassurance which he felt to be implicit in the interpretation (there was no danger of phallic activity from others, including the analyst) and partly a denial of his activity.

From the anal level comes the wish to submit passively to impregnation. His horror at the beginning of each of these sessions at being in contact with the dreaded semen (for infectious pus was symbolic of this), was expressed later

in the hour by dreams and reminiscences in which he partially identified himself with a pregnant woman. In his states of sleepiness and sleep these passivity wishes appeared in a less distorted fashion. The pregnant patient who appeared in the hypnagogic hallucination was doubly identified with both himself and the analyst, while the remembered dream of his pregnant sister-in-law recalled the *couvade* symptoms he had experienced during the parturition of his wife.

From the oral level comes the wish to be fed by the breast and to sleep the sleep of 'satisfaction'. In spite of his desire actively to provide the analyst with good associations, he passively perceived the interpretation of the latter as 'fortifying' and as oral satisfactions. His last waking thoughts of the lactating breast and their continuation vaguely into his sleep may be added to the observations of Lewin concerning the dream screen and the blank dream (1946, 1948).

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VACATIONS: A PSYCHO-ANALYTIC STUDY

By ALEXANDER GRINSTEIN, M.D., DETROIT

The willingness with which multitudes of people spend huge sums of money annually for vacations amply attests their necessity in our Western civilization. It is the purpose of this essay to study some of the psychological factors involved in vacations from a psycho-analytic standpoint.

We would like to know, in the first place, why vacations are really necessary; secondly, what happens in the mental apparatus during the process of taking a vacation, in other words, what are the psychodynamics of a vacation; and thirdly, what constitutes a 'good' vacation.

The first of these questions is perhaps the easiest to answer, at least partially. The need for vacations is an expression of a very basic tendency which we may observe in the general cyclic character of the individual's life, as well as in the cyclic character of all living matter. This is expressed primarily in the necessity for rest, the daily requirement for a certain number of hours of sleep, varying with individuals, as well as the periodic succession of the ebb and flow of bodily energies and rhythms. This is certainly borne out by the fact that many people use their vacations to 'catch up on their sleep'. One may also observe the existence of fluctuations in psychic reactions manifested in the relation of the individual to his various love objects.

Viewed from the broader framework of the individual's day-to-day existence, we find that in all cultures there exist holidays, feasts, and celebrations throughout the calendar year, which are set up to commemorate certain events in the seasons or in the history of the particular culture. In many religions, for example, one day of the week (the Sabbath day) is set aside as a holy day, on which one is commanded to rest (1), as God rested on the seventh day from his labours of creation.

There is a difficulty here, however. If a vacation is to serve the function of relaxation or rest, then one might think off-hand that the activity which is the most relaxing and leads to greatest rest would provide the most satisfactory

type of vacation. But this is often not so, since frequently it is just the other way around. With many individuals what purports to be a day of rest is no day of rest at all, but rather a diversion of activity. Often enough, it means not working at one's regular occupation but at something else, either related to one's ordinary activity or completely different from it. And yet, in spite of the fact that these people may work as hard, or even harder, on their 'day off' or vacation, many (not all, of course) feel rested and resume their regular work with renewed energy. In fact, with some of these people, a vacation which involves the most activity is the one which is most satisfying. Observation in some resorts where people are kept busy during the day and continue with various activities far into the night further confirms this fact. Actually then, this is a psychological problem, one which is well known among industrial psychologists, but which has not, to my knowledge, been explored analytically.

We may surmise that what is important here is the relaxation from cultural demands, and it is from such demands that people try 'to get away' when they want to take a vacation. In reality, it is but one attempt made to deal with the suffering to which mankind is heir. Freud mentions this as coming from essentially three sources: 'From our own body, which is destined to decay and dissolution, and cannot even dispense with anxiety and pain as danger signals; from the outer world, which can rage against us with the most powerful and pitiless forces of destruction; and finally, from our relations with other men' (2). In holidays or vacations, man seeks temporary surcease from the pain and hardships which life entails, the means which are available to him being: 'Powerful diversions of interest, which lead us to care little about our misery; substitutive gratifications, which lessen it; and intoxicating substances which make us insensitive to it' (2, p. 25). It is readily apparent from this how holidays and vacations seek to provide some of

the means of solution to the various sources of man's difficulties.

We are now confronted with the second, and really the major problem; namely, what happens in the mental apparatus in terms of distribution of intrapsychic forces during the process of taking a vacation?

One factor which immediately comes to mind as being of paramount importance in vacations is that they are gratifying to the *pleasure principle*. What seems to be a dominant desire is to seek an activity which will bring some relief to the underlying human suffering. With reference to the first of these, the suffering which comes from 'our body, which is destined to decay and dissolution', we find that many people are ready to admit that they take vacations for reasons of health. In fact, this reason is one which is seldom questioned by others (in contrast to one for pure pleasure) and one upon which many advertisements capitalize. Because of this connection, many health resorts are able to flourish, and locales specializing in springs with reputed health-giving and life-extending properties are well attended. This is particularly true of those people who for various reasons due to health and age are especially concerned with the reality of decay or dissolution of their bodies. One example of this is Bad Gastein, where people go because of the radioactive content in the water which is alleged to have magical rejuvenating properties.

The suffering which derives from anxiety depends, of course, upon its source. Some vacations may be undertaken in an effort to do away with the condition responsible for this unpleasant emotion. We will discuss the problems, especially that dealing with neurotic reactions, later. Anxiety, of course, may be a response to some intolerable reality danger, and this is intimately connected with the sources of suffering which beset man from the outer world. In this connection, vacations may effect a change in the situation so that either the demands of the external world are temporarily reduced or the situation is so altered that the possibilities of dealing actively with some segment of reality are increased. This serves to enhance the feeling of mastery over reality, either directly or symbolically. The suffering which comes from our fellow-man is also actually a kind of outside reality. In dealing with the problems deriving from this, vacations may serve to withdraw the individual from those people who are the sources of his conflicts and bring him into contact with

others who, because of the general vacation framework, are more congenial and less demanding.

In general, it may be said that a vacation is a period of time when people try to be happy and make an all-out effort to have lots of fun. In this connection, Freud's remarks concerning happiness are particularly important. He writes: 'What is called happiness in its narrowest sense comes from the satisfaction—most often instantaneous—of pent-up needs which have reached great intensity, and by its very nature can only be a transitory experience. When any condition desired by the pleasure principle is protracted, it results in a feeling only of mild comfort; we are so constituted that we can only intensely enjoy contrasts, much less intensely states in themselves. Goethe even warns us that "nothing is so hard to bear as a train of happy days". This may be an exaggeration all the same' (2, p. 28).

One may see from this that, in view of the importance of contrast in the enjoyment of vacations, a vacation must, out of psychological necessity (as well as from a strictly reality standpoint), be a finite affair. By definition, in fact, it means a time of respite from something so that presumably a vacation could go on only for a limited period of time before it would become a change in one's way of life.

Let us further pursue our investigation of the rôle of the pleasure principle in vacations. Usually, a vacation is a period of time when one does not have to work for a living (e.g. 'two weeks' pay'), when reality demands and restrictions are reduced to a minimum (e.g. resorts where meals are served), and when the individual openly devotes the period to the pursuit of pleasure in whatever form he most desires. Viewed from this standpoint, one may expect to find that many of the activities seek to provide opportunities for instinctual gratifications, which obviously derive from all layers of libidinal development. Quite often the satisfaction of oral strivings is, for example, freely indulged in. Many resorts are chosen for their cuisine, and in resort areas restaurants frequently vie with one another for their ability to prepare the most sumptuous meals.

Derivatives of anal gratifications may also be seen. For example, there are people who go to certain health resorts where a deliberate emphasis is placed upon bowel functions. One notable illustration of this is Karlsbad, where people drink quantities of mineral water, resulting in an

increased frequency of bowel movements during their stay. Often less attention is placed on cleanliness, and many women complain about their husbands not shaving on their days off. With those people who go off into the wilderness, some loosening of reaction formations of the anal phase is particularly facilitated to some extent inasmuch as eliminative processes take place under the most primitive of conditions.

In another sphere, namely the genital one, there again exists greater freedom, so that summer romances, flirtations, and infatuations are quite common. In general, sexual relations are described as being more frequent and often more pleasurable owing to greater relaxation. Men, for example, feel that they can devote themselves more 'fully' to the matter of lovemaking when they are not occupied with business affairs. Actually, this is a problem in libido economics, and indicates how much of such energy is tied up with the ordinary day-to-day activity.

It is interesting to examine some of the common vacation activities in terms of more symbolic id gratifications. We will deliberately omit any remarks on art, as this has been so completely covered by other writings on the subject (3). Many of the pleasures in which people engage are a direct continuation of their childhood play, which serve to relive memory traces of earliest satisfactions. One good example of this is the tremendous pleasure which most people derive from swimming. Its symbolic significance of rebirth (psychically experienced as 'feeling refreshed') and the return to the intra-uterine state (water) needs virtually no comment. The whole host of accessory activities surrounding this sport are further confirmation of this significance. Lying on the warm sand, being buried in the sand, being practically in the nude are all examples of pleasures which in themselves represent manifestations of partial regression (4). It is interesting to note in this connection that some adults still urinate in the water while they swim, just as they did when they were children.

This gratification of id impulses in a symbolic manner may be seen from another standpoint. Ferenczi wrote: 'The longing of mankind for holidays is as great as for bread. *Panem et circenses*. Freud demonstrates in *Totem and Taboo* why it was that the totem clan felt the impulse on certain occasions to tear to pieces the otherwise worshipped totem animal. And

the Bacchanalia and the Saturnalia have their analogies among all people, including contemporary ones; even Church holidays, and the Purim of the Jews, have affiliations therewith. We may suppose that certain slight residuals of this atavistic striving for "liberation" are also involved in the weekly recurring holiday which Sunday represents, and, in those emotionally sensitized, play a causative rôle in "Sunday Neuroses" (5).

The permitted expression of certain aggressive or sadistic tendencies, albeit in a very highly canalized direction, may also be easily observed in hunting and even fishing. The recognition of the periodic hunting expeditions in the autumn, especially the hunting of the buck, with the significance of ritual father murder, is well known in analytic circles. Similar significance may be observed among fishermen. In all this activity, however, it is generally necessary to purchase a licence from the State. Aside from the economic fact that obtaining a licence is a source of revenue for the State, it has the psychological effect that one must sacrifice something, i.e. money, to get *permission* to express certain aggressive tendencies under definite rules.

This theme of permission is very important in the entire psychology of vacations, because in this the rôle of the superego clearly shows itself. Vacations are sought after by the worker (regardless of his occupation) but are *granted* by the employer, who takes over the original parental rôle of designating the *time* and frequently the length of time which the employee can have off. Psychologically, this has the equivalent meaning of granting the employee a stamp of approval for him to indulge his pleasure principle. A rapid survey of vacation facilities will readily convince anyone of a more permissive attitude toward activities that under ordinary circumstance would be frowned upon, so that all manner of pleasurable activities may be indulged in and various derivatives of the id satisfied.

From a clinical point of view, it is remarkable, although entirely to be expected, that those patients whose superegos are excessive in their demands have the most difficult time in taking a vacation. Generally, in fact, because of the inexorable demands of their superegos, these people seldom take vacations because they cannot permit themselves the pleasure of relaxation.¹ They find that they have to drive them-

¹ This problem may become particularly evident in those individuals who are self-employed.

selves, even on vacations, so that they are busily engaged in doing some kind of work, because not to work and to dare to have pleasure are dangerous. Ferenczi observed this "when he wrote: 'But it is not given to everyone to vent their holiday wantonness so freely and naturally. The neurotically disposed will be inclined on precisely such occasions to a reversal of affect, either because he has much too dangerous impulses to control which he must guard over closely, particularly when tempted by the bad example of others; or because his hypersensitive conscience will not overlook even little omissions. Beyond the untimely depression of these "spoilsports", however, their repressed impulses as well as the self-punishment fantasies mobilized against them, which have been activated by the holiday, may be manifested in little hysterical symptoms (headaches, depression, gastro-intestinal symptoms, oversleeping). . . .

'An indication of the correctness of this conception is afforded by the fact that, in addition to the periodic but quite transitory "Sunday Neurosis", there also occurs a more protracted "vacation neurosis". Over and above the minor hysterical symptoms already mentioned, we find here a peculiar and characteristic alteration of mood. I refer to a certain tense boredom which those afflicted with it are unable to dispel by any means of diversion, accompanied at the same time with an incapacity for work which is painful to them. "Laziness with qualms of conscience"—"A laziness which you can't enjoy"—these are expressions with which one patient attempted to characterize this state of feeling. Another spoke of a longing for something undefined, and recalled having as a child pestered his mother by the hour with the vague demand: "Mother, give me something." Whatever his mother gave him on such occasions left him unsatisfied; he kept on whining until he got a good scolding or spanking; only then was he satisfied. May not such ungratified wishes also lie concealed behind Sunday Neuroses . . . ?' (4)

In my own clinical experience I had one patient, a man with a highly masochistic character, who spent a few weeks during his summer vacation near my summer home, where he continued his analytic treatment. He had very serious conflicts with his superego. Always driven as a child, and having a history of very severe traumata during his childhood and adolescence, he constantly sought various activities so that he would not be idle. It was after he

had completed his academic training and left military service, which also served the function of pushing him around, that his adult neuroses broke out in full force, with ideas of unworthiness, suicidal preoccupation, obsessive thoughts of various kinds, including severe masochistic fantasies, etc. When he arrived for the first analytic hours of his vacation, he asked me if there wasn't some hard physical labour that he could do in the area, because the thought of being idle was actually very frightening to him. Inasmuch as no brutal assignments were forthcoming, he promptly undertook a motor trip, which covered a distance of almost 1,000 miles of difficult New England roads in a little over a day.

In another case, the connection between a woman's inability to take a vacation and her inexorably strong and rigid superego was demonstrated particularly clearly in her analysis. A married woman with children, she was never able to leave the city for a vacation, although this was entirely within the financial resources of her husband, as well as in accordance with his wishes. Many anxieties became apparent at such times, which centred chiefly on her being unable to leave her 'home town'. From the material in her analysis, we discovered how her rigid superego was built upon the underlying attachment to her very strict and terribly aggressive mother. It was her attachment to this mother which was a major factor in her inability to leave the city. The patient clung to her, albeit not in the same house, because she feared that in her absence some dire catastrophe would befall her mother, and then she would 'somehow feel responsible'. The mother, incidentally, was 'in the best of health'. It is interesting to note in this connection an incident of acting out that occurred early in the analysis which we were not able to understand until much later. She became very angry over some trifling matter which occurred in her own home one day, went into the basement where there stood an old sewing machine and hacked it to bits with a hammer. She herself was frightened by the intensity of her blinding fury. We were only able to learn many months later that the sewing machine represented her mother, who used to sew a great deal on a similar machine during the patient's childhood. The strength of her almost crushing superego could be understood as deriving from her own intense hostile and aggressively destructive impulses directed against her mother. She could not permit herself any relaxation as this would also

expose her to the dangers of her own aggressions. After this material in relation to her mother had been worked through, she was able to go away on a trip with her husband and children for the first time and to enjoy herself.

Returning to our general discussion of vacations, we come now to consider the complicated rôle of the ego and its relationship to the id and superego. Perhaps what makes this so complex is that in vacations one is dealing with an ego in which a state of partial regression into more primitive functioning is deliberately encouraged and facilitated. Let me explain. Ordinarily, the functioning or activity of the ego is largely under the domination of the reality principle. This we recognize is in itself a modified pleasure principle, which serves to interpose the function of some delay or procrastination before any ultimate activity is to take place. During vacations, however, this is deliberately set aside as much as possible, and the pleasure principle is given free rein for a limited amount of time. In some respects this is similar to the situation present in sleep. There the regression is facilitated by the physiological process of sleep, while the motility of the ego is reduced. In vacations this is certainly not so. There the situation is one in which the ego has made a tacit pact with the reality principle that it will be free for only so long and then return to its state of thralldom once more. And even here it is the reality principle that still normally exerts its demands in terms of practical considerations as to when, where, and how certain vacations are to be spent. It is well worth emphasizing, however, that where the impulses toward pleasurable gratification are of such a character or intensity that they may be opposed to the demands of the superego, the ego may elect to permit not the slightest gratification or relaxation whatsoever, as this would be tantamount to exposing the individual to the dangers of being completely inundated by these dreaded tendencies (5). It is often remarkable how frequently some neurotic anxiety will remain completely obscured so long as the individual remains in the protective home environment. No sooner does he move away from it, even temporarily, than all manner of anxieties emerge.

In the selection of a vacation, however, the compromise in favour of the pleasure principle but in terms of the reality principle results in many gradations of activity. There are those who withdraw from the demands of civilized reality as completely as possible, departing into the wilderness away from anyone and everyone.

Here they are undisturbed by the news of the world, and are out of communication with the affairs of the more personal world in which they ordinarily move. At the other extreme are those individuals who seek the greatest possible contact with other people, deliberately selecting those resorts where the greatest opportunities of this sort are provided. The more usual selection is somewhere between the two extremes, with a tendency toward a compromise of a vacation permitting some degree of withdrawal from civilization, but within the framework of a close relationship with a limited number of people, generally family or friends.

If we examine such behaviour carefully and pay particular attention to the extremes, we would be inclined to suggest that one important aspect of the problem is that we are dealing here with the relations of man to his fellow-man. Let us explore this problem further by considering first the individual who, during vacations, withdraws from other people as much as possible. The explanation which may be suggested is that we are dealing with a regression to some early form of object relationship. This phenomenon of regression involves, of course, all possibilities of regression in choice of object-love. The determinant factors depend upon specific experiences as well as the quanta of libidinal cathexes which may be involved in a particular phase. Thus, vacations may be chosen in terms of providing groups with maximum heterosexual contact with great numbers of individuals. They can be and are selected along the lines of homosexual object choice, this being most often aimed at. Here such activities as camping, hunting, fishing, etc., are commonly engaged in. A consideration of the reasons for selection of the type of group chosen for a vacation involves the fact that there is a tendency toward reducing the relationship with people to one which is as uncomplicated as possible. For example, since many individuals have marital problems based upon conflict with the opposite sex, going away with a group of the same sex temporarily eliminates such difficulties. There are others who for similar reasons endeavour to solve the problem by a flight into a larger group, which serves to ameliorate the tensions along the lines of the formula "There is safety in numbers." Interestingly enough, in many such large groups, men and women often tend to separate, each congregating with members of the same sex. However, one may frequently observe just the reverse, namely, that an inability to go away with people

of the same sex is representative of conflicts in precisely that direction. One sees, for example, in the dreams and material of male patients how much homosexual libido is stirred up during a hunting trip, how frequently anxieties may be seen to develop about sleeping with another man. It is not uncommon under such circumstances for men to get a girl. The heterosexual activity indulged thus frequently serves as a defence against the threat of homosexual involvement, but at the same time expresses the wish itself through the medium of the common bond.

Temporary elimination of one sex in preference to the other may constitute a solution of conflicts which may be predominantly sexual in nature as well as for those conflicts arising from the aggressive instinct. Efforts at a solution may be made by those individuals who seek to go off by themselves during vacations. Inasmuch as the relationship with our fellow-man is a source of man's suffering, a vacation which permits a withdrawal from the conflicts and frictions with others serves the function of reducing tension and thereby permitting pleasure. From another standpoint, such withdrawal represents a return to an earlier stage of the individual's development—i.e. to a narcissistic stage of ego development, before the advent of object-relations. This leads to difficulties, however, since such a stage occurred during that period in life when the individual's basic wants and needs were usually fulfilled, and with a minimum of activity on his part. In such vacations where this withdrawal from objects or solitude occurs, the individual's wants are gratified, but frequently under the stress of rather arduous activity on his part. Wherein then does the pleasure derive? We must suppose that there exists a strong desire, and one which is quite basic in the ego, to return to or recapture some of the freedom of primitive man and his way of living closer to nature. There occurs within individuals, with great variations, of course, a tendency to return to a stage of development before there were large groups with all their attendant taboos, restrictions, and interpersonal difficulties. It thus represents a return to a simpler type of civilization.

Ultimately, perhaps, the peace and solitude which is sought is really an expression of a fundamental principle of all living matter. In *Beyond the Pleasure Principle*, Freud suggested that instincts 'tend towards the restoration of an earlier state of things'. (6) Such a return affects all levels of the individual's social, psychic,

and even biological attainments. From this standpoint the return to simpler groups as they occurred at one time becomes understandable. The biological implications lead one to conjecture that so highly complex a multicellular organism as man would biologically seek a simple form of existence. The parallel, according to this hypothesis, would be in the tendency of multicellular groups to return to a unicellular existence. The final aim of such restoration to an earlier state of things leads, of course, to the return to the non-living. Such a path would really constitute a true road to peace—in a biological sense—but one which naturally is in conflict with the drives of Eros.

If we try, however, to apply the general concept of repetition-compulsion to the activities of people on vacations, we may be able to see that frequently just those activities are chosen as pleasurable which were indulged in for some real purpose in coping with the outside world in bygone times. Freud's observation that the weapons of one generation become the toys of a succeeding one has a great deal of truth here. The voluntary taking on of primitive pursuits during vacations attests this fact. Coincident with it is an expression of man's old battle which he has waged against nature: his drive to master it and control it under his will and domination. An example of this would be horse-back riding. One other rather striking example of this is the outing which people frequently engage in which culminates in some type of 'camp-fire supper'. Fires are made and food is cooked out of doors. To be sure, rationalizations are made as to its greater savour, but the unmistakable impression is that some deeper tendency is also there at work, particularly, too, inasmuch as the task of doing the outdoor cooking is usually relegated to the man of the household.

Thus far our remarks have been confined to the more solitary outdoor type of vacation. From a clinical standpoint, if we consider the completely anti-thetic type, we are often inclined to suspect that this overpowering amount of activity which is imposed upon the vacationist, and to which he may submit, is in some ways a defence against certain unpleasures which might develop if he were alone. Some indulgence in noisiness and blaring activity may actually serve to prevent anxiety. One may observe something like this in children. Many children learn quite early to play by themselves, so that they do not have to be amused by someone else. This is

considered healthy from the standpoint of mental hygiene. There are other children who always seem to be in need of some form of entertainment. There are some adults who are just like children when they find themselves on vacation. They do not know what to do with themselves unless they are entertained and amused. Analysis often reveals that this is a defence against anxiety, which may be almost phobic in proportion. This anxiety may take the form of a dreaded feeling of solitude which, in turn, may have to do with some material about death.

Pertaining to this problem of activity during vacations, it is of particular interest, since an obsolete meaning of vacation is 'work to which one devotes oneself; occupation' (7), that there are people who seek to fill their vacation days with work which they *enjoy* doing. With these people, this has nothing to do either with any masochistic gratification or any special reality necessity. Freud indicated its importance in 'binding the individual more closely to reality' (8, p. 35). He further added that: 'Work is no less valuable for the opportunity it and the human relations connected with it provide for a considerable discharge of libidinal component impulses, narcissistic, aggressive and even erotic, than because it is indispensable for subsistence and justifies existence in a society' (8). From this standpoint it may be seen that this kind of work during a vacation may really serve to gratify the pleasure principle.

There are other problems in connection with the psychology of the ego which are applicable here. One important function of the ego is a sense of time. In the daily activity of civilized man, he is very much under the domination of the clock. During vacations, one of the things that happens, almost in a routine manner, is that people lose their sense of time. The orientation as to the day of the week is often lost track of first, and subsequently, depending on the type of vacation, there may follow an almost deliberate loss of sense of specific hours. Under some vacation circumstances, particularly where mealtimes are flexible, this may be seen especially clearly. Actually what is involved here is, once more, a kind of regression to an earlier stage of development where a sense of timelessness reigns (9). This in itself is really an approximation to the way the entire sense or perception of time is in the unconscious, namely, that there is no perception either of it or of its passage. What is so remarkable is that temporal relations in

dreams are represented in what are really spatial concepts. Events of long ago, for example, may be represented pictorially as occurring at a great distance, as seen through the wrong end of a pair of binoculars (10).

An interesting observation in a child confirms this fact. A little boy of four and a half was playing with a steel measuring tape. Suddenly, after pulling out a length of the tape, he turned to his father and inquired, 'Daddy, is a day this long?' And later, 'Is summer this long?' A year later the same boy, after getting up from his afternoon rest, asked, holding his hands about 6 inches away from each other, 'Did I sleep so long?' One can see from this how clearly time and space are identified with one another in the ego of the child.

What the vacationist frequently does is to go away from his usual surroundings by some mode of transportation. In doing this, he *transports* himself immediately into a state of timelessness. In other words, by dissociating himself from his usual spatial surroundings, he deliberately does in action what the unconscious does in dream work, both accomplishing a transformation into a different era in time. The psychic effect of this change is that processes are then perceived as being far removed from reality—in a different world, and that the individual's ego is then able to participate in a kind of timelessness, similar to that in which processes exist in the unconscious. From the standpoint of an effect upon relaxation, it becomes apparent how and why a regression to such a state would be pleasurable, because it permits the ego, which is closely bound to and by temporal reality, to abandon this binding for a while and to extend its boundaries into a kind of 'infinite timeless space'. It is significant, I think, that even in this last sentence we cannot describe such concepts without the use of some spatial allusions. We may thus understand the popularity of the choice of places that provide a boundless spatial expanse, such as oceans, beaches, mountain vistas, etc., as vacation sites. Thomas Mann, in *The Magic Mountain*, and other writers have commented on and described this sense of timelessness.

There is another factor, however, which must be discussed in this connection. Our egos are spatial egos. Freud in describing this wrote: '... Originally the ego includes everything, later it detaches from itself the outside world. The ego-feeling we are aware of now is thus only a shrunken vestige of a far more extensive feeling—a feeling which embraced the universe and

expressed an inseparable connection of the ego with the external world. If we may suppose that this primary ego feeling has been preserved in the minds of many people—to a greater or lesser extent—it would co-exist like a sort of counterpart with the narrower and more sharply outlined ego feeling of maturity, and the ideational content belonging to it would be precisely the notion of limitless extension and oneness with the universe—the same feeling as that described by my friend as “oceanic” (8, p. 20).

The bodily ego is, from a developmental standpoint, the first to be identified by the child. Gradually, as other objects are cathected, they are included in the framework of its peripheral ego boundaries; e.g. the child's teddy bear, his other toys, etc. As the child develops, the important boundaries of his ego become gradually more sharply distinguished from what are to be regarded as ego extensions. Some people seek to derive a greater extension of their ego boundaries by increasing their material possessions. With others, this extension takes place by filling the ego with increasing amounts of newly found knowledge, investigation, research, reading, talking with people, travelling, etc. Similar examples in relationship to literature (Goethe) (11) and music (12) were given by Sterba, who stressed this meaning of cosmic identification. The extension of one's customary ego boundaries may be accomplished so to speak by opening them, so that one's narcissistic cathexis may then extend over a greater area. From this standpoint it may be seen why many people engage in just such activities during their vacations. This extension of ego boundaries is particularly apparent in going up a mountain, being near a large body of water, or looking at the star-filled sky at night. Such views provide a tremendous expanse of space through which the ego can expand by identification with it.

In connection with this theme of extension of ego boundaries or oceanic identification, I should like to present at this point a number of observations from children.

I. A little boy of one and a half years was taken to an ocean beach for the first time. His sudden view of the tremendous expanse of sand and water, an almost unlimited or infinite expanse, was met with tremendous excitement, one might almost say intoxication. The moment he got on the beach, he ran and ran as fast as his little legs could carry him, his arms outstretched, shrieking with delight. He did not stop running until he was exhausted. In his running one could

see how he tried to encompass this tremendous expanse of what must have appeared to him as limitless space, and how his ego seemed to identify with it.

II. The same boy at the age of four and a half was walking in the woods with his father and others. They came to a kind of clearing where the trees were far apart down a large clear hill. He broke away from the group and ran gleefully down the hill singing, ‘I'm free, I'm free, I'm free like a bird’.

III. Another little boy who was fourteen months old and was just learning to talk was playing outside early one evening when his parents called his attention to some pretty clouds in the sky. He noticed them for the first time and began to run around, pointing to them with both hands, saying, ‘A dis, a dat’ and ‘ca’ (for cloud), trying to twist his tongue to make the difficult ‘l’ sound. He actually tried to reach the sky again and again with his outstretched arms as though trying to take in each cloud. Thus again we see an attempt to extend one's boundaries.

Similar observations may be made with adults. I shall cite only one of them. An older woman driving in the country also compared her driving her car rapidly to being ‘free as a bird out of a cage’. In her case she referred to the freedom she felt on leaving her home, where she felt hamstrung by her unhappy marriage and unpleasant family responsibilities.

In dealing with these phenomena of changes in ego boundaries it may be noted that pathological manifestations may develop under certain circumstances. There are those individuals, for example, whose ego boundaries are somewhat shaky, so that they are actually afraid that their ego may become completely dissolved or disintegrated if they dare to relax. Such a state of affairs is particularly accentuated during a vacation where an attitude of permissiveness prevails. These people are literally afraid of an ‘emotional surrender’, to borrow a term from Anna Freud.

It would appear then that some change or reorganization occurs in ego functioning in vacations which is of prime importance in the understanding of the dynamics of the entire problem of how vacations work. Let us pursue this theme further. Nunberg (13) described as one of the functions of the ego its ability to synthesize. From the experience of many analysts whose patients show varying degrees of growth or progress during their vacations from analysis, we may derive confirmation of the con-

cept that the ego utilizes periods away from analysis to consolidate, assimilate, or synthesize the gains and insights which have been made (14). More general experience and observations reveal how problems which loom as virtually insoluble, life situations which are or seem to be intolerable, definitely improve or seem to improve during vacations. Often, too, experiences which are inordinately trying appear to be viewed from a fresh perspective, so much so, in fact, that we might almost speak of a healing or reparative function of the ego in this connection. The mechanics involved in such results would appear to be due to the utilization of freed energy by the ego which, since it no longer has to struggle with the demands of reality, can direct some of its energies toward this kind of reparative work. Normally, such a function is observed to take place during sleep. Shakespeare has described it well in the words:

'Sleep that knits up the ravell'd sleeve of care,
The death of each day's life, sore labour's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher in life's feast,—' (15).

Actually such reparative functions seem to be an important part of the ego functioning. In vacations there appears to be a certain loosening of the energy which is ordinarily bound, so that it becomes liberated to participate on the one hand in the expression of the pleasure principle, and on the other in the proper evaluation of the true state of reality; that is, in seeing reality in its proper perspective in terms of all the individual's ego experiences. In many respects this is similar to what happens in sleep, as already mentioned, but with the important difference that the ego is not asleep; that it is active, that it can view, test, and participate in reality, but with a reality that is temporarily *softened*, if only by the fact that certain of its demands are tem-

porarily reduced. This reduction in its demands results in a shifting of the usual balance of forces in the entire mental apparatus. Energies in the ego ordinarily operate successfully just because in daily activity they have become desexualized and/or 'deaggressivized'.² In vacations these energies or functions are partially permitted to return to their more original state, wherein they are more intimately bound with unneutralized libidinal and aggressive energy. The result of this temporary return is a recharging or renewal of energy in the ego. It would almost appear as though, under such circumstances of greater permissiveness, the ego could recharge its supply of energies by being able to draw more for itself from the reservoirs of the id.

We have now come to a point where I think we can venture to answer the third problem raised at the beginning of this paper, namely, what constitutes a 'good' vacation. Obviously no specific formula can be prescribed. The answer lies in the directions indicated in our discussion above, and is predicated upon the strength and integrity of the ego of the vacationer. The more neurotic the person, the weaker the ego and the more frightened it is of becoming inundated by the forces which threaten to become liberated when the individual is relaxed and lets down his guard. From the standpoint of the vacation itself, assuming the relative normality of the personality of the vacationer, there must be permitted a change to a type of milieu, varying with each individual, wherein the greatest possibility of increase in ego boundaries can result. Concomitantly with this, it is desirable that a greater opportunity exist for the development of a state wherein one feels at peace, wherein tensions pertaining to or developing from the individual's life situation are minimized, and wherein one is able to indulge one's pleasure principle to the maximum.

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PSYCHOLOGICAL THEORY AND THE BELIEF IN GOD¹

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My purpose in this paper is to diagnose a philosophical difficulty felt by many psychologists and many interested in psychological theory. The difficulty is well known. Can a belief in God be reconciled with contemporary psychological theory? I shall concentrate on one small but, I think, important corner of this difficulty. It is not possible to do more in one paper. But even to do this I shall have to spread myself excessively; and in spite of this prolixity my treatment will be bald and schematic—to the point of caricaturing psychologists and philosophers, including myself.

When we ask the question: 'Can a belief in God be reconciled with psychological theory?' the particular psychological theory we usually have in mind is psycho-analysis or Freudian theory. For this is the theory with the most obvious relevance. Consequently, I shall simplify the question and ask: 'Can a belief in God be reconciled with Freudian theory?' I shall begin an examination of this question by briefly recalling what I take to be the relevant essentials of one version of Freudian theory.

One Version of Freudian Theory

The infant and child go through certain stages in the course of development to maturity. In particular, the infant begins by ascribing omnipotence to himself, and later as a child to his parents. His parents come to figure as omniscient, omniscient, and dominating persons; and it is from them primarily that the child acquires his fundamental moral attitudes and ideals. Throughout his development, the child is dependent on his parents for security, affection, etc.; and this dependence varies in degree and character according to the stage of development that he has reached. But because it is the father who is the dominant parental figure, at least in our type of culture, it is he who provides the dominant parental model or ideal figure. The next step is this. If a child, ado-

lescent, or adult meets a severe obstacle in the course of making some learned and necessary adjustment, then he is likely to exhibit the tendency to revert or regress to a mode of response appropriate to some earlier stage of development. Clearly, the behaviour the adolescent or adult will exhibit if and when he actually regresses in a marked manner may not be exactly like the corresponding form of behaviour he exhibited as a child or infant—for obvious reasons. But the behaviour he does exhibit will be sufficiently like the corresponding behaviour of the child to be clearly recognizable as a child-like response. Now, though the individual goes through certain stages on the road to maturity, he may not 'get through them' very well. He may be completely or relatively unsuccessful in doing so. That is to say, his upbringing may have been such that he was prevented from exhibiting the behaviour and receiving the gratifications appropriate to any given stage. Where a person, as an infant or child, was not at all successful in developing through a given stage, he is likely to exhibit the *absolute* fixation of the pervert or the eccentric. Where a person was fairly successful in getting through his stages of development, as most of us have been, such fixation as does occur is merely relative. In other words, the more satisfactorily a person gets through one stage the less fixation he will exhibit about this stage in comparison with some other stage through which he did not pass so well. If a person's development has been such as to produce an adolescent with considerable personal difficulties, or an adult full of insecurities, then he will exhibit a good deal of relative fixation at some stage, or stages, of development. The more maladjusted he is, the stronger will be his tendency to regress under strain to modes of response appropriate to some earlier stage or stages of development. The particular form this regressive tendency takes will be determined largely by the nature of

¹ Based on a paper read at the Annual General Meeting of the British Psychological Society at Liverpool, 1 April, 1951.

the relative fixations, or (what comes to the same thing) by the particular way he happens to have been mishandled as a child.

The final step in the argument is this. Consider an adolescent who has not managed at all well to get through the stage of parent dependence. When he is faced by the stresses of adolescence, he may tend to meet these by regressing to his earlier parent-dependent attitudes and behaviour. But this regression will not take the form of behaviour just like that of the child, because the adolescent has learnt that such behaviour is now quite inappropriate. So the form his regressive behaviour takes will be only analogous to that of the child's. Since he cannot any longer exhibit this dependent behaviour towards his parents, he unconsciously displaces it on to parent-substitutes. Since the father is the dominant parent-model in our culture, the important displacement that occurs will be on to a new father figure. Fortunately for him perhaps, he has not far to look for such new father and parent figures in European culture. They are already provided for him by, for example, the Christian religion and by contemporary Marxism. The Christian religion provides him with 'God the Father', 'Christ the Son', and 'the Virgin Mary as the Mother'. That is to say, it enables him to displace unconsciously his parent-dependent attitudes on to a new ideal family; and it enables him to project unconsciously his own moral standards on to these new figures, where they reappear, in particular, as 'the will and all-seeing eye of God'. Contemporary Marxism provides him with a Trinity of secular Gods—Marx, Lenin, and Stalin, and with Soviet Russia as the Motherland. Taking the Christian alternative alone, it is clear that the adolescent will be considerably and perhaps greatly helped by the acquisition of this substitute Father and family. His regressive adjustment will take the form, in part, of a belief in God. He will exhibit what looks like 'a need to believe' in God, and the function of this belief will be to give him some of the support and consolation, etc., that he requires—his personal defects being what they are. Now according to Freud 'a belief is an illusion when wish-fulfilment is a prominent factor in its motivation, while its relations to reality are disregarded.'² In view of the origin and function of the belief in God for our adolescent, it follows that his belief in God is a belief in an illusion. I think

orthodox Freudians would go on to say that the psychological factors determining the individual's belief in God are of *the same sort* as *some* of the factors necessary to produce the idea of God in the first place. What happens in a community is what happens to the individual—when it is writ large. I think they would make this claim in spite of the difficulty of all detailed speculations about origins and in spite of the absurdities of Freud's own speculations in this connection.

The Psychologist's Difficulty

So much for my stark summary of Freudian theory. What now is the difficulty facing the psychologist? I shall try to make articulate the conflict in which I think he is. If asked, or pressed, he might say something like this: 'If the Freudian account is substantially correct, then an essential condition leading to the adolescent's belief in God is the fact that he was unfortunately treated as a child. If he had not been mishandled, he would not still be parent-dependent. Hence he would now not stand in need of a substitute father and holy family; and he would not be hunting round anxiously, as he usually is, for reasons to defend or justify his belief in God.' In short, if the Freudian account is true, then his belief in God is a childlike belief, inappropriate to a well-adjusted adolescent and adult; it is a belief that Freud quite correctly calls an illusion. 'But,' the psychologist will go on to say, 'surely this whole Freudian story about the causes and function of this belief is quite irrelevant to its truth or falsity; its validity or invalidity? Even if we grant this whole story, it may still be the case that the reasons the adolescent can produce for his belief in God are very good reasons and sufficient to validate this belief, or establish it as true. Even if human communities first hit upon the belief in God in the way implied by Freudian theory, it may still be the case that there really is some transcendent entity corresponding to the idea of God. After all, there are well-known examples of beliefs that were "illusions" in Freud's sense, but that we now know to be true. For example, the belief of the alchemists in the transmutability of the elements, or a simple popular belief like "Red at night, shepherd's delight; red in morning, shepherd's warning", a popular belief that apparently has good meteorological grounds. What is more, Freudians themselves are at pains to distinguish between the truth and the causes

² *The Future of an Illusion*, Ch. VI.

of the belief. Freud himself emphasized that "the illusion need not be necessarily false", and Flugel has said that "the existence or the possibility of Cinderella's prince, of the flying machine, or of God himself, must all be proved or disproved by independent evidence".

I suspect that what psychologists feel like saying of the adolescent, they also feel like saying of themselves. So the philosophical difficulty, or conflict which psychologists are in seems to be this. They feel they *cannot believe* in God if the origins and function of the belief are what Freudian theory asserts. On the other hand, they feel that all this is just irrelevant. But again, if they only say this, they remain uncomfortable, because the conflict between these two competing tendencies is left unresolved. I suspect that this conflict is experienced by psychoanalysts themselves, orthodox or otherwise, and by many psychologists, believers and unbelievers alike. Should any psychologist, however, recognize his own semantic need for a belief in God, then I should expect that the conflict in his case will have a greater personal poignancy than in the case of a person with no such unconscious wish to believe.

At this point I shall make two assumptions. The first is about fact. I shall assume that my description of the conflict psychologists experience is substantially correct. On this assumption I shall try to uncover some of the sources of this philosophical conflict and discuss how it can be resolved. The second assumption is about Freudian theory itself. I shall assume, for the purpose of this paper, that it provides a definitive account of the origin, etc., of the belief in God. I make this assumption, and I ask the reader to accept it, for the reason that the real source of the trouble lies in the *kind* of theory it is, viz., in its 'scientific' or 'naturalistic' character. Consequently to object to the theory itself, which is only too easy, is merely temporarily reassuring and not very effective. I hope to make this clear later.

A suggested Diagnosis of the Difficulty, with the Aid of the Belief in Fairies

I come now to the central point of this paper. I shall try to uncover some of the sources of the philosophical conflict among psychologists that I have described.

The very first thing to observe is that I am going to offer certain interpretations of the difficulty psychologists are in. As we all know, such proffered interpretations are liable to arouse

resistances. This is especially liable to happen among psychologists to whom the question of the 'belief in God' is of affective importance. So if I were to deal directly or immediately with the difficulty about the 'belief in God', some psychologists would offer unfortunate resistances to my interpretation. Hence I shall try to avoid such resistances by concentrating on a philosophical difficulty which is closely analogous to that about the belief in God, but which they do not happen to feel, and the interpretation of which, therefore, will not be upsetting. I make no apologies for spending some time now on what is not apparently the subject of my paper.

Consider the case of an adolescent, Smith, who is troubled about the existence or reality of fairies. He goes round asking people: 'Am I really justified in believing in fairies?' It is unlikely, but by no means impossible, that there should be some such adolescent in our community who is troubled in this way. Suppose he puts his problem to Jones, and Jones answers him in the following way: 'My dear fellow, please notice what leads you into this difficulty, into this need to believe in fairies. You are obviously fixated at the fantasy stage of development where the child does not and cannot distinguish between the real and the fantastic. When you reached this stage as a child, you must have been mishandled in some way and so prevented from getting through it. Your wish to believe in fairies now as an adolescent reveals a tendency for you to regress to this period in your development. If you had not been mishandled at this period, you would not want to believe in fairies at all. Clearly fairies are the projections of your childhood and a belief in fairies is a belief in an illusion.'

To these remarks, and to any remarks of the kind, Smith might be inclined to retort as follows: 'But even if what you say, Jones, is quite correct, surely your whole story about the causes of my wish to believe is quite irrelevant to the truth or falsity of the belief—to its validity? Even if we grant your account of psychological causes and function, it may still be the case that the reasons I can produce for my belief in fairies are very good reasons and sufficient to validate the belief, or to establish it as true.' Smith might go on to produce some of these reasons. 'My first good reason,' Smith might say, 'is that I have had direct experience of them—I have seen them, heard them, and felt their presence. You, Jones, cannot see them because you do not believe in them from the start,

and consequently don't look at old mounds, empty buildings, fields, and glens with the eye of fairy faith. I am not at all unusual in this experience. Many other people also can see them; for example, the Irish country folk, as described by Arensberg in *The Irish Countryman*. My second reason is that we can only account for certain regular natural phenomena by supposing that they are produced or designed, at least in part, by the fairies. I refer, for instance, to fairy rings, produced by the dancing of the fairies at night. Unless we do make this supposition, these phenomena remain inexplicably mysterious. My third reason is this. There is one type of phenomenon that you, Jones, with all your science, cannot explain. Here is one example of many. I plant my peas one year, do everything I should do, and they do excellently. The next year, I plant my peas again, do everything I should do, and they do badly. Why is this? It is no good saying it must be too much rain, or it was the mice, etc. I know perfectly well that these factors all co-operate to produce the result. But why should they co-operate in this way this year to affect me adversely? It is no good saying, "Oh, it's just chance or bad luck." That is the only kind of explanation that science can offer, and it is obviously just a way of confessing that science cannot explain it at all. The reasonable explanation is to say that these so-called chance happenings are the work of the fairies—work that is apt to be harmful when one has annoyed or interfered with them, and not given them their due. These then, Smith might conclude, 'are three good reasons for the belief in fairies. What I want to know is whether these reasons are good enough to establish this belief or not; and the causes that you, Jones, offer for my whole interest in this question are simply irrelevant.'

I shall assume that the reader has noted the parallel between the difficulty of Smith about fairies, and the difficulty of the adolescent about God. As he has no doubt also noted, the parallel is sufficiently good to hold between some of the reasons that have been produced traditionally to support a belief in God, and the three reasons Smith produced for a belief in fairies. Smith's three reasons could be called, quite appropriately, the argument from fairy experience, the argument from design, and the argument from final causes.

How Fairies are Unreal

Now let us look at Smith's reply to Jones. Smith contends that the causes, etc., of a belief

in fairies are irrelevant to the truth or falsity of this belief. The important question is: Do we, psychologists, analysts, students of psychological theory—do we feel like saying this about a belief in fairies? Are we naturally inclined to say this here? Or do we feel that there is something odd about Smith's contention? I suspect that we do not feel like saying this at all—that it would not occur to us to say it. On the contrary, what we might be inclined to say is something like this: 'Surely, the causes of a belief in fairies are neither relevant nor irrelevant to the truth or falsity of this belief. For this belief is not the sort of belief that we can establish as true or false anyhow—it is just superstition.' This natural remark of ours draws attention at once to certain features of Smith's reasons for a belief in fairies that it is essential to notice.

When Smith produces his reasons for a belief in fairies and tries to explain his philosophical difficulty to us, we are not likely to be very sympathetic. We are not likely to feel his difficulty about the apparent incompatibility between the belief in fairies and Freudian theory. In this respect, therefore, Smith's difficulty about fairies differs from the adolescent's difficulty about God. While we feel that Freudian theory, with its causal story, is somehow incompatible with the adolescent's belief in God, we do not feel that it is incompatible with Smith's belief in fairies. For this latter belief is not the sort of thing that can be incompatible with or irreconcilable with a scientific account like Freudian theory; since this fairy belief is not the sort of thing that can be true or false at all—it is just superstition. Notice, therefore, that in this fairy case we accept the causal story and simply disregard Smith's reasons for his belief. In the case of the belief in God, we accept the causal story and we do not disregard the adolescent's reasons for the belief—we feel these are relevant. But when we disregard Smith's reasons for a belief in fairies, we do not in fact do so because we have gone through them individually and found them all wanting. We do so because they are not the *kind* of consideration that will be of the slightest use in trying to prove that fairies exist. No matter how ingeniously Smith argues in support of fairies, he leaves us amused but cold. That is to say, to express it paradoxically, the reasons Smith advances to prove the existence of fairies are *not reasons at all for us*. They are not reasons because fairies are not the sort of things whose existence we can prove or disprove, establish or disestablish.

Now let us notice shortly just why it is that fairies are not the sort of things whose existence we can prove or disprove. I need not waste time in pointing out how it is not possible to prove or disprove their existence by the use of scientific methods. That is only too obvious. In any case, as we have seen, the reasons Smith produces are not of the 'scientific' kind. Well, what are they like? Look at the argument from fairy design. When Smith argues that *this* circle of greener grass is fairy-produced, he is pointing to the resemblance between *this* ring and a fairy ring in a children's fantasy world, which is of course produced by fairies. This resemblance has a suggestive force for us. It suggests to us that, just as a fairy ring in a fantasy world is made by fairies, so is this one also. But of course this argument will not do at all. For a fairy-made ring in a fantasy world is *by definition* unreal to us. If, therefore, we say that *this* ring in front of us is a fairy-made ring it follows that this ring *cannot be* a fairy ring, because all such rings are by definition unreal. If therefore Smith points to the resemblance between *this* ring of grass and a ring in a fantasy world in order to establish that *this* ring is a ring in a fantasy world also, all he can establish is that 'This is a fairy ring, and yet cannot be one'. This is a self-contradiction and obviously absurd. Consequently the argument from fairy design is simply of no use to us in establishing the existence or reality of fairies. The same applies, I think, to the other arguments for the existence of fairies.

We can now appreciate why there are no reasons to establish the existence or reality of fairies. Fairies are by definition, in our Western cultures, unreal or non-existent entities. This is how we use the word 'fairy'. Hence to say 'There are not such persons as fairies' is quite different from saying 'There are no such persons as cannibals nowadays.' The latter is a statement of fact, which may be true or false. The former (about the fairies) is not a statement of fact at all, but a statement that draws our attention to 'one feature of our use of the word 'fairy''. In other words, we pigeon-hole, or classify, 'fairies' as unreal or non-existent. Consequently for us to be asked to prove or disprove the reality of fairies is an absurd or silly request. We already use the word in such a way that proof or disproof is irrelevant. This is one thing we mean when we say that a belief in fairies is superstition.

With this behind us, let us return to Smith's protest against the Freudian account of his be-

lief. 'But surely the causes of my belief in fairies are irrelevant to the truth or falsity of this belief?' Notice that *we* are not disturbed here at the alleged irrelevance of the Freudian account to the truth or falsity of the belief in fairies. We are not in conflict here because, as I have already pointed out, a belief in fairies to us is not something that is either true or false, as fairies are by definition unreal and belief in them just superstition. In what ways, however, is *Smith* in conflict at this point? The Freudian account, let us remember, is a scientific theory, and so it uses the word 'fairy' in the way that we do in Western culture. Therefore, the Freudian account entails that fairies are unreal. Therefore Smith is committed to saying: 'The Freudian account, which entails that fairies are unreal, is true; and yet there really are such things as fairies.' These response tendencies, of which Smith is no doubt unconscious, are obviously incompatible for him. They are of the kind that express themselves in statements which we call self-contradictory. So the Freudian account of fairies is logically incompatible with Smith's belief in them. Smith's conflict, therefore, is, in part, of this logical sort. *We*, naturally, are not in this logical conflict because we reject fairies as unreal anyhow, and, unlike Smith, do not accept them as possible objects of discussion or debate. In addition, however, I think Smith would also be in conflict in another and perhaps more important way. He accepts the Freudian account of the belief in fairies. But this acceptance unconsciously inclines him to *alter his use* of the word 'fairy' so as to bring it into line with *our* use, in which 'fairies' are unreal by definition. Yet his belief in fairies inclines him to stick to his own present use of the word, and to defend it by ignoring, or disparaging, or in some way fending off the Freudian account of his belief and preventing it from exerting this disturbing influence. Again, *we* are not disturbed here, *we* are not in this sort of conflict, because we already use the word 'fairy' in the way that Freudian theory does, and hence do not believe in the existence of fairies.

Moreover, let us notice that Smith's conflict is not generated by the Freudian theory *as such*. For he would be put into just the same sort of conflict by any other psychological account. The logical conflict and the conflict over altering the use of the word would both be there. The reason is that any presentable scientific account will have the features sufficient to generate the conflict. I hope this is quite obvious by now.

That is why I said earlier that the main sources of the trouble are not to be found in the particular Freudian theory I have summarized, but in the 'scientific' or 'naturalistic' character of the theory itself, and why I advised psychologists not to try to treat their difficulty by the reassuring technique of objecting to the theory.

Two more important points about fairyland before applying the analysis to the belief in God.

The Belief in Fairies in a Hypothetical Community

No doubt you have noticed that I have continually said: 'In our Western culture fairies are by definition unreal', or 'We pigeon-hole them as unreal', etc. I did this partly to emphasize the contrast between ourselves and Smith, who does not use the word 'fairy' in this way, and to whom the question of the existence of 'fairies' is a debatable topic. But I also spoke like this in order to emphasize another contrast—the contrast between the way in which we use the word 'fairy' in our community and the way in which the word would *perhaps* be used in a community that was in transition from, say, an illiterate rural to a modern commercial, or industrial, or urban-dominated one. In an illiterate rural community, a belief in the reality of fairies, witches, and similar creatures is likely to be well established. In a modern industrial community there will be no such widespread and established belief. In *this* sort of community, people are likely to use the word 'fairy' in such a way that fairies are unreal by definition.

But what is the situation likely to be when the community is in transition from the first condition to the second? I venture to infer that some, if not many, members of such a community will be in, or can easily be thrown into, the same sort of philosophical conflict that Smith is in about fairies. Let me say that I have no direct evidence to support this inference. Nor have I any direct evidence to support the speculations in which I am going to indulge about this transitional community. One reason for this, I think, is that there may not be much or even any evidence available. The only kind that would have a direct bearing is evidence about the philosophical difficulties experienced in such a community, and about the correct and normal use in it of words like 'fairy', 'real', and so forth. I am not sure that such evidence exists. Contemporary anthropologists such as

Radin, Arensberg, Kluckhohn and Leighton, and Evans-Pritchard hardly provide it.³ This is not surprising, since they do not seem to have asked the necessary questions; and this, in turn, is not surprising, since the philosophers are only just beginning to ask these questions themselves. We may have to wait for the next generation of anthropologists to go out to ask the right questions and to collect the evidence necessary to test the inference I have made. On the other hand, I think the inference is not an unpalatable one. Indeed, both the inference and the speculation in which I shall indulge about the transitional community seem to me to be quite reasonable in the light of the indirect support they can muster. For simplicity's sake I shall assume that they are both substantially correct. But whether they are correct or not does not really matter, since I am only going to put them to a therapeutic use. We all know how a nice story can do its therapeutic job even though it is pure fantasy.

I shall suppose, then, that some or many of us in this transitional community will either experience Smith's kind of conflict over the fairies or be liable to experience it. For as members of this transitional community we shall be inclined to use the word 'fairy' in a *new* way, where no proof and disproof are relevant. But we shall also be inclined to use it in the *old* way, where proof and disproof *are* relevant. If we now become acquainted for the first time with the Freudian account of our belief in fairies and our need to believe in them, we are then likely to experience precisely Smith's conflict or difficulty. The effect of the Freudian account will be to exacerbate the whole situation, to encourage us to adopt the new use of the word 'fairy', and so to complete the transition from belief in fairies to their rejection as superstition. It is easy to see why the Freudian account will have this effect. It will make us aware of the unconscious sources of our urge to treat 'fairies' as real. In so doing, it will help to free us from the compulsion to treat them in this way; and we shall be able to discuss the value of such pigeon-holing in a more detached fashion. The Freudian account will also make us conscious of some of our resistances to the new way of talking; and the fact that we are able to talk about our resistances makes them less overpowering and intractable. So the particular

³ See Radin, *Primitive Man as Philosopher*; Arensberg, *op. cit.*; Kluckhohn and Leighton, *The Navaho*; Evans-Pritchard, *Witchcraft Oracles and Magic among the Azande*.

difficulty that Freudian theory puts us in, in this community, will seem to us particularly acute and difficult.

Resolving the Difficulty about Fairies

How, now, could we resolve our conflict about fairies in this transitional community? An adequate answer to this question raises a complex of psycho-social issues that I have neither the time nor the competence to examine. I shall merely point the way to an adequate answer by presenting the obvious alternatives in a bare and schematic form. There seem to be two obvious ways of resolving the conflict for this transitional community. The one is 'to hurry up the social transition from a primitive agricultural community to, say, a literate industrial one; and to see to it that the children are so educated 'that they get through the fantasy stage fairly well'. This latter step would presumably help to diminish the adolescent and adult need for this fantasy world. This first way of resolving the conflict would act by 'changing people's use of the word 'fairy', so that fairies are now pigeon-holed as unreal. The other obvious alternative would be to maintain, or revert to, an agricultural mode of life, etc., and to keep the family-cum-educational set-up the same as before. This would resolve the conflict by removing the temptation of people to use the word 'fairy' in a new way at all.

But is there any way in which the conflict can be resolved for people in this transitional community by *reconciling* Freudian theory with the belief in fairies? I am not sure that I know what this question means. It might mean: 'Is it in fact possible for Smith to elaborate some set of verbal habits, some sort of talk or private or personal language, about Freudian theory and the belief in fairies—a talk which does in fact succeed in resolving the conflict *for him* with some measure of success?' If the question about reconciliation means this, then the answer is 'Yes, it is obviously possible psychologically for this to happen.' But the question might also mean: 'Is it in fact possible to discover some set of verbal habits, or talk, that will be *generally* successful in resolving this conflict for people in this community, not merely successful for Smith or Robinson?' If this is what the question means, then I think the answer is 'No, it is rather unlikely.' The obvious reason is that the sort of talk that does the tension-relieving job for Smith may not succeed in doing it for Robinson, or for most other people in this

transitional community. The verbal symbols that are tension-allaying for Smith may not be so for Robinson, or for most others in the community. This is only what we should expect in the light of individual differences. So there will be *no one* way of reconciling Freudian theory with fairy belief in this transitional community. Roughly, there will be as many ways as satisfy different people.

It is important to notice one general feature of all such reconciling talk. Smith may hit upon some talk that is conflict-resolving for him with some measure of success. But it will only have *some* measure of success. No example of any such talk is likely to be very effective in dealing with this conflict. Let me try to show this by considering an example briefly. Smith could talk like this: 'I agree that many of us do believe in fairies for the sort of causes that Freud pointed out. This belief is a matter of wish-fulfilment for many of us; many of us are regressing to fantasy level, etc. But this sort of belief in fairies is not the genuine or mature belief; and the corresponding fairy religion that such people profess and practise is not genuine or mature fairy religion either. Genuine adult belief in fairies is a matter of reasoned conviction by a mature adult—a conviction that he reaches only when he has evaluated the issues carefully and come to see how deficient is the scientific account of the world, and how reason compels us to accept a belief in fairies to account for our experience. The Freudian theory is quite unable to explain *this* kind of belief.' Such reconciling talk has the protective function of reassuring Smith that the Freudian theory can be ignored as far as *he* is concerned. For *his* belief, of course, is of the 'genuine' and not the 'spurious' kind! However, it is not very effective talk. For it overlooks that, according to Freudian theory, *all* fairy belief is in the same boat, whether spurious or genuine, immature or mature; and it is all in the same boat because the alleged 'reasons' that Smith produces for his genuine belief are not reasons at all. Smith is really in trouble here because Freudian theory inclines him to accept all this, and so change his use of the word 'fairy'. In making him overlook these features of his difficulty, this reconciling talk leaves him exposed to all the objections that can be produced by pointing to the differences between a belief in, say, the transmutability of elements and his belief in fairies. In other words, Smith's reconciling line tries to *except* his own belief in fairies from the scope of

Freudian theory, and he can only do this by overlooking the fact that on a scientific theory like the Freudian, this belief does not constitute an exception. He will have, therefore, to be continually on his guard against any tendency to recognize this, against any temptation to accuse himself of self-deception in trying to exempt his own belief in fairies from the application of Freudian theory. Moreover, his reconciling line only works in so far as it enables him to avoid facing the sources of the conflict. It serves in this way as a protective device to keep these sources in the semantic unconscious. But we all know that to refuse to face squarely a personal difficulty is not generally a psychologically satisfactory way of dealing with it. The psychological limitations of this brand of reconciling talk also apply, I think, in various ways to the other brands that can be offered.

Applying this Analysis to the Difficulty about God

I now return at long last from my speculative journey into fairyland to the 'belief in God'.

Does my diagnosis of Smith's conflict over the belief in fairies apply to the conflict of the adolescent and of the psychologist in our community about the belief in God? The answer depends, I suppose, on whether the two difficulties resemble each other in the relevant respects. As far as I can tell, they do so, and hence the answer is 'Yes'. My diagnosis of Smith's difficulty does apply to the difficulty of the adolescent and the psychologist about God. I hope that what I have said has been sufficiently clear to make the resemblances obvious as I went along. Consequently I shall not list them. What I have not done so far is to mention the differences between these two beliefs—in fairies and in God—and I am afraid I shall have to sacrifice them to save space.

Let me simply consider the psychologist's difficulty about God, and apply to it briefly the analysis I have given of Smith's difficulty about the fairies. The psychologist's trouble, it will be recalled, was this. 'If the origin-cum-function of the belief in God is what Freudian theory says it is, then they feel they cannot believe in God. If God is a man-made Father-model arising from wish-fulfilling displacement, etc.—if this is so, then it is impossible to believe in God. On the other hand, no account of the origins and function of this belief can possibly invalidate or disprove it. Yet to leave the matter like this is not satisfying, since the conflict between these two verbal tendencies remains unresolved.' Now,

if we all used the word 'God' in the way that we do use the word 'fairy', we should be in no difficulty here. Obviously God would then be unreal by definition; and no arguments or reasons could either validate or invalidate, prove or disprove the belief. So we could accept the causal and functional account of Freudian theory quite happily. The trouble arises because we seem to be in a state similar to the transitional state of Smith's community. When we employ Freudian theory to give a causal-cum-functional account, we are using, or are tempted to use, the term 'God' in a way that makes him unreal by definition. We are unconsciously putting God in the same pigeon-hole, or basket, as the fairies. But at the very next moment we find ourselves using the word 'God' in such a way that reasons and argument, proof and disproof, about his existence are quite in order. That is, we are now treating God as somebody who can be real, though whether he does exist or not is a matter for rational discussion. Belief in God is now treated as a belief for which it is sensible to produce reasons. To put it differently, the Freudian account of the belief in God seems to be logically incompatible with this belief, and so produces conflict of the logical kind. For when we consider the Freudian account *per se*, and not what Freudians say about it, it appears to entail that 'God' is unreal, since it seems to use the word 'God' just as we use words like 'demons', 'fairies'; and so forth. Further, an acceptance of the Freudian account is psychologically incompatible with a belief in God in the other way we have noticed before. For such acceptance inclines us to alter our use of the word 'God' so as to pigeon-hole him with the fairies. But a belief in God, or a desire to believe, etc., will incline a person to stick to the present use of the word in our community; and will incline him to reject, or revise, or ignore, or protect himself against the Freudian account of his belief in some way or other.

This brings out why it is that the Freudian account is so disturbing. It pushes us into altering our use of the word 'God', and so into calling belief in God 'just superstition'. Because the Freudian account is a scientific one, it just uses the word 'God' in such a way that he is unreal by definition. I think it is true to say that a very important cultural factor urging us at present to pigeon-hole 'God' with the fairies is the criteria of proof and disproof used in the empirical sciences, both natural and psycho-social. Now if the way we came to a

belief in God were scientifically inexplicable, then we should be ready, no doubt, to say or believe that these criteria are not applicable to assertions expressing belief in God. Consequently, there would be little pressure from this direction to change our use of the word 'God'. But Freudian theory purports to give a scientific account of how we come to believe in God—an account therefore that uses, or should use, these scientific criteria of proof and disproof. Moreover, however great its defects, it is an account that has won considerable acceptance and respect as a scientific explanation of our belief in God. The Freudian account, therefore, reinforces the urge to apply to the 'belief in God' the same sort of criteria as we apply to, for example, the 'belief in electrons'; and this also leads us to pigeon-hole 'God' with the fairies, and so change the use of the word. In addition, the Freudian account makes us aware of some of the unconscious sources of our urge to treat God as real and to believe in him. In doing this, of course, it helps to free us of the compulsion to believe and so enables us to discuss the alternative uses of the word 'God', as 'real' and 'unreal', in a more detached and critical manner.

Two Obstacles

Let me mention briefly two things that are likely to prevent us from appreciating all this.

(1) As I have noted, Freudians themselves insist on distinguishing between the causes of a belief in an illusion and the evidence for the truth or falsity of it. Thus, Freud calls a belief an illusion 'when wish-fulfilment is a prominent factor in its motivation, while disregarding its relations to reality'; and he says that it 'need not necessarily be false'. Flugel agrees that 'the existence or possibility of Cinderella's prince, of the flying machine, or of God himself, must all be proved or disproved by independent evidence'.⁴ This way of talking about their own account of the belief in God might tempt us to say that I am wrong to claim that the Freudian account entails that God is unreal by definition; and, consequently, that my diagnosis of the fairy difficulty does not apply at this point to the difficulty about God.

But if there is anything in the diagnostic line I have suggested, then it follows that Freudians are themselves in the philosophical conflict I have been examining, and their insistence here

on this distinction between causes and evidence is itself a symptom of their conflict. We can see this by looking at Freud's own remarks. When he defines an illusion in *The Future of an Illusion* he says, as I have just noted, that 'it need not necessarily be false'. Yet on the very next page he says of religious illusions that 'they do not admit of proof . . . just as they cannot be proved, neither can they be refuted'. But the second remark obviously does not square with the first (that they need not necessarily be false); and it makes nonsense of Flugel's demand that *all* illusions must be proved or disproved by independent evidence. Furthermore, if Freudians are to demand evidence for illusions like those of alchemy, the flying machine, and God, as Flugel requires, they must *also* demand evidence for illusions like those of hobgoblins, nymphs, and fairies, which we all agree is absurd. So Freudians can only get out of their difficulty by distinguishing between three sorts of illusions: those where evidence is accepted as relevant (like the flying machine); those where it is not (like fairies); and those (like the belief in God), where we vacillate over whether evidence is relevant or not. I think it is fairly clear, therefore, that Freudians are in exactly the same philosophical difficulty here as are all the rest of us. Accordingly, if we distinguish the Freudian theory from what Freudians say about it, it is clear, I think, that the Freudian theory by itself does entail that God is unreal by definition; and that the account I gave of a belief in fairies is also applicable here to a belief in God.

(2) The second obstacle in the way of accepting my interpretations is closely related to the first. This is the distinction we all draw between the causes of, and the truth (or validity) of, any belief whatever. This distinction will undoubtedly serve to prevent us from appreciating just how our use of 'God' is in a transitional or vacillating state at present. For it will reinforce our tendency to say that Freudian theory is irrelevant.

To deal with this obstacle properly is a complex task. I shall merely make one point about it. If we consider a belief about some matter of fact, then it is important to emphasize this distinction between 'causes' and 'truth' or 'reasons'. For this distinction brings out how the psychological processes involved in coming to such a belief are logically independent of its

⁴ Freud, *op. cit.*; Flugel, *Man, Morals, and Society*, Ch. XVII.

truth or falsity, and also of the soundness or otherwise of the reasons produced for it. Look, for example, at the psychological account that Wertheimer gives⁵ of how Einstein came to believe that the velocity of light is a constant. This account could have been quite different and the belief true, or the account could have been what it is, and the belief false. But is there any point in emphasizing this distinction (between causes and truth, etc.) for the belief in God? Surely the answer is 'Yes and No'. Yes, in so far as we are using the term 'God' so that it is sensible to try to establish its truth or falsity. No, in so far as we are using the term so that God is unreal by definition. Obviously there is no point in drawing the distinction between 'causes' and 'truth' in the latter case, since the belief is then not one that can be true or false anyway. So the distinction we draw between 'causes' and 'truth' (or 'validity' or 'reasons') serves to encourage us, I think, to assimilate 'belief in God' to 'Einstein's belief about light', and others like this; and it helps us to resist assimilating 'belief in God' to a 'belief in leprechauns'. It is in this way that the distinction reinforces our tendency to reject Freudian theory as irrelevant.

Let me mention one general implication of all this. If there is something in the diagnosis I have suggested, it follows that it is high time psychologists and psycho-analysts alike stopped using the classical distinction between 'causes' and 'validity' in the rigid, parrot-like way that they themselves have helped to entrench, and began to use it with care and flexibility instead. This distinction is the product of the philosophical activity of the nineteenth century. In my opinion it has become ossified, and is really a bit of a nuisance at present to psychologists and logicians alike. It needs to be reworked and loosened up in the light of contemporary linguistic analysis and behaviour theory.

The Long-term Resolution of the Difficulty

How now can we resolve this conflict which psychologists are in over Freudian theory and the belief in God? Let me be intolerably schematic again.

One way of resolving it is to break up the tradition in our community, or culture, that provides us with the substitute of a Heavenly Father. This would be like completing the

transition in Smith's community from a primitive, agricultural condition to an industrial one. Various steps, I suspect, might help to break up this tradition and reduce belief in God to a superstition. For example, the achievement of external social security by the gradual control of inter-state relations and the maintenance of peace; the achievement of internal social security by means, for instance, of an expanding economy with full employment; the gradual liquidation of organizations like the Church of England by high taxation, low interest rates, and so forth; the spread of an appreciation of scientific method—with its criteria of proof and disproof, which relegate elves and goblins to the limbo of superstition and encourage us to do the same for God; and the work of such excellent propagandists as Professor Ayer in breaking up the whole tradition. There is another complementary step that will also be required. Very baldly put, we should have to see to it that the children of the community are not mishandled in the course of their development, and so do not remain parent-dependent as adolescents. In such a community, then, a psychologist would probably not experience the old conflict about the belief in God, both because he will have acquired the new use of the word 'God', and because he would not personally need parent-substitutes. The tradition of a Heavenly Father would still be there, but he would not feel called upon to use it. The tradition will have become otiose—except as the resort of acknowledged cranks and eccentrics. It is hardly necessary for me to draw the attention of psychologists to the things that are being, and can be, done to ensure that infants and children grow up without being mishandled. The work of child guidance clinics, educational psychologists, the nursery schools, parent-teacher associations, and the very spread of knowledge among parents about psychological discoveries and their application—all these, and many other things, contribute in their different, minor or major, ways to produce well-adjusted adults who have no need to resort to the Heavenly Father that our tradition provides. By their own applied activity, psychologists are themselves assisting daily to make the religious tradition otiose.

But there is quite another way of resolving this conflict. This is to maintain our tradition and our use of the word God, and to arrest

⁵ *Productive Thinking*, Ch. VII.

and to alter the psycho-social factors at work. I am not sure that anyone has ever suggested actually taking this alternative. But it is as well to note what we should have to do if we decide to adopt it. I imagine that we should have to return to a non-urban and pre-technological form of community. We should have actually to return to a type of medieval world, not merely to the ideology appropriate to one. We should have to restrict and gradually eliminate the teaching of science in schools and Universities, and, for instance, oppose the establishment of new schools of psychology at key places like Oxford, etc., etc. We should also be well advised to see to it that the pattern of family life is an authoritarian one, with the father the dominant figure, and that the individual is so handled as a child that he reaches adolescence as a rather unhappy specimen, requiring all the support, consolation, and guidance with which God the Father can provide him.

The Short-term Resolution, and the Value and Ineffectiveness of Reconciling Talk

These two alternative ways of resolving the conflict, however, are long-term methods. They will be of help to psychologists only in the future. What can be done to resolve the conflict experienced by a psychologist here and now? In general, as we all know, the most efficient thing to do is to make him aware of the nature of the conflict—to make him conscious of the factors that produce it. To do this adequately is a lengthy and difficult business. In this paper I have only pointed to the kind of thing that such treatment of his conflict will amount to, or look like. But such treatment may not be the most suitable for all psychologists. In particular, it may not be best for those psychologists to whom the conflict over the belief in God has some personal poignancy. These psychologists may not be able to 'take', or to 'stand' straightforward philosophical treatment such as I have offered in this paper. What can be done for this kind of psychologist? The obvious thing to do is to help him to find some reconciling talk or language that allays the conflict for him. Thus, we can introduce him to the current literature in which Christians have tried to reconcile Freud and the brand of reconciling language. 'Better still we can help him to construct a brand of his own

in the course of studying the brands already offered. I say: 'Better still', because to construct a language for oneself is likely to give better protection and greater mental security than merely to reproduce someone else's talk. Here is one example of such a reconciling language—very briefly and inadequately expressed. 'We can accept both Freudian theory and the belief in God as soon as we notice that the former is only able to account for the spurious or immature, wish-fulfilling type of belief in God. There are, no doubt, far too many people who believe in God for wish-fulfilling reasons. But Freudian theory is not able to account for the genuine or mature religious conviction of adults who have reflected on the whole issue.'⁶

Though talk like this example has its value, it is not very effective. The general reason for this is that it only works by ignoring the sources of the whole conflict; and these sources continually threaten to emerge in philosophical objections to which there is no obvious comeback. Consequently, reconciling talk leaves its user in a relatively exposed and precarious position, defending a philosophical adjustment that he feels compelled to defend and yet never really feeling secure in his defence of it. Hence, in part, the anxious, worried energy that believers continually spend in protecting their belief. It is not difficult, for instance, to object to the example of reconciling talk I have just mentioned. The objection is analogous to the one I produced earlier to this line when Smith used it to reconcile Freudian theory with his 'genuine' or 'mature' and reasoned belief in fairies. As a theory in science, Freudian theory pigeon-holes 'God' with the 'fairies'. Hence it inclines us to say that the alleged reasons for his existence are not reasons at all, and therefore that there is no difference between genuine and spurious wish-fulfilling belief about God. When a person uses 'argument' or 'reasons' to support a belief in God, he is behaving like Smith when Smith uses 'argument', or 'reasons', in his transitional community to support his belief in fairies. So this reconciling line will only be of use to a person if he overlooks that, on Freudian theory, the alleged 'genuine' or 'mature' belief in God does not constitute an exception. Again, there is nothing to stop him overlooking it. There is nothing to stop him repressing his tendency to notice

⁶ Cf. *Freud and Christianity*, by the Rev. R. S. Lee.

this semantic feature of his belief, and so giving this reconciling talk a limited and precarious value for himself.

But can a person reconcile Freudian theory and the belief in God in any way he wishes? Is there no one way that is correct or better than another? *There is no one correct way*, I think, for the same sort of reasons as there is no one correct metaphysic. These reasons are familiar to any student of philosophy. But is any one way better than another? If by 'better' is meant 'more helpful psychologically', 'better able to allay the conflict and give the person stability', and so forth, then I doubt whether *one* way of talking is *generally* better than another. I doubt this in view of the fact of individual differences. For these differences lead to different verbal symbols having a different affective significance and tension-allaying capacity for different people.

I shall try to explain this point briefly. It is a commonplace that differences of constitution and personal history make certain situations emotionally arousing or satisfying to some people but not to others. These differences also make for variations in the character and intensity of the emotional responses of those who are aroused or satisfied. It is also a commonplace that the same applies to situations presented in symbolic form. Some of us are moved by Beethoven; others, including myself, seldom are. Some have a rich response to the products of the visual arts; others, including myself, have not. Some are moved by *The Cocktail Party*; others, including myself, are left quite cold. What, however, has not been sufficiently appreciated is that the same seems to be true of the verbal symbols used in traditional philosophical discussion. Whereas some were relieved by Whitehead's language, others were mystified. Whereas some were favourably stirred by Russell's distinction between 'hard and soft data', or by Moore's commonsensical talk, others were irritated. Whereas some people fell hard for the verification principle, others were apparently shocked by it. And so on. I think we have good reason to suppose that the same applies to talk reconciling Freudian theory with the belief in God. If, therefore, we do the reconciling by distinguishing between the spurious wish-fulfilling belief and the genuine belief in God, we may allay tension and so satisfy *some* people, but others will be left

unsatisfied. Some of these others may only be satisfied by saying, e.g. that even if belief in God is the result of wish-fulfilment, there is nevertheless a Reality corresponding to this belief. Yet others may only be satisfied by reaffirming that religious belief is ultimately based on an intuitive knowledge of God, to the validity of which empirical psychology is necessarily irrelevant. And so forth. Whether a particular talk does the job for an individual depends on whether it uses the symbols that happen to be tension-allaying, and so conflict-resolving for him. There is no reason to suppose that the same symbols will be generally relieving for most people in this conflict in our community at present. On the contrary, we have some reason to suppose that they will not. This is why I doubt whether any one line of reconciliation is generally better than another. Consequently, my conclusion is: You can reconcile Freudian theory and the belief in God in whatever way you find satisfies you.

An Important Example of a Reconciling Line

I shall now consider another, important example of reconciling talk in order to exhibit its ineffectiveness and certain implications of the diagnosis I have offered. 'We *can* accept' so it might be said 'both Freudian theory and the belief in God as soon as we note the limitations of Freudian psychology. This, like any other psychology, assumes that a natural explanation is truer or better than any other, and that one explanation is better than two. These are assumptions that demand support, and the support available very soon runs beyond the limits of psychology.⁷ In fact, Freudian theory has not established them; and they may well be false. So even if Freudian theory is true, it is unlikely to be the whole truth about my religious experience and belief in God.'

First Version of this line: 'Freudian psychology assumes that a natural explanation is truer than any other'

It is not difficult to object to this reconciling line. Consider its essentials alone. We are told, first of all, that Freudian psychology assumes that a natural explanation is truer than any other, and that this assumption needs support. But what kind of assumption is this? It looks as if Freudian psychologists are here doing the sort of thing that they do when they assume that the infantile experience of the individual is more influential in the forming of character than his later experience, or the kind of thing that a Gestalt theorist does when he supposes that isomorphism is true, and so forth.

⁷ See Sir Frederic Bartlett, *Religion as Experience, Belief, Action*. Riddell Memorial Lectures, 1950.

This criticism of the Freudian contribution impresses us because it does look superficially as if Freudian psychologists are making just this kind of assumption. But quite obviously they are doing nothing of the kind. For whereas the assumption about the influence of infantile experience (or about isomorphism, etc.) is one that further psychological enquiry can help to establish, modify, or upset, the assumption that a natural explanation is 'truer' than any other cannot be established, or otherwise, by further scientific investigation. There is simply nothing a psychologist, or any other scientific worker, can do to confirm or disconfirm this alleged assumption. Nor, of course, is it like the assumptions continually made in everyday life, as for example: 'When I heard the ring at the door, I assumed it was Brown'; 'When I rang him up, I assumed without thinking that he would be there—otherwise I would not have telephoned'; 'Let's make the assumption that the weather will be all right for camping in October.' Well, then, what sort of assumption is it? The obvious answer is that it is like those philosophical assumptions that the sciences are alleged to make, for instance, the inductive assumption. This, no doubt, is the correct answer. But to say that the Freudian assumption is like the inductive assumption is to reveal at once to the knowledgeable that there is something very odd indeed about it. For the philosophers have shown in recent years that these 'philosophical' assumptions of the sciences are not assumptions at all.

How they have shown this is too long a story to go into here. It will have to suffice for me to point baldly to the source of the trouble. If we say that Freudian psychology is here making an assumption, which needs support, we shall find ourselves plunging into a philosophical wrangle of the usual kind. The Mills and Russells of this world will say, 'Yes, this assumption is justified', and will point to the features of scientific method that incline us to say this. Others, like the Hegelians and the Thomists, will say, 'No, the assumption is false', and will point to other features of scientific method that lead us to take this negative line. The source of this conflict lies in the fact that both parties to the dispute consider that they are arguing about 'a proposition'. The sentence, 'A natural explanation is truer than any other', looks like the sentence, 'Infantile experience is more influential than later experience.' But whereas the latter expresses a proposition, and so can be true or false, the former does not. It is merely a matter of industry to show this in convincing detail. Now, only sentences that express propositions can serve as assumptions. The sentence about natural explanations does not do so. Consequently it is not an assumption.

But if it is not a sentence, or statement, expressing a proposition, what sort of sentence or statement is

it? The obvious, first-move answer is that it is a classificatory statement. Consider a Zande consulting the poison oracle.⁸ It is clear that in employing this magical procedure to determine, e.g. the responsibility for illness, the Zande distinguishes between those procedures that are relevant to discover the facts here—to discover what is really the case here—from other procedures that are not relevant. He classifies the procedure of subjecting a fowl to the poison test as relevant to throwing light on the origin of a person's illness; and he would classify as irrelevant the procedure of a pathologist taking a blood specimen from the patient and examining it under a microscope. Accordingly, he also distinguishes between those statements that have a bearing on the origin of the illness and those that have not. He classifies a statement that is backed by the evidence of the poison oracle as relevant and so as throwing light on the nature of the world; and he would be ready to pigeon-hole a statement that is backed by the evidence of the pathologist as quite beside the point. That is to say, a statement obtained by the former procedure would be regarded as relevant; one obtained by the latter procedure as irrelevant. Likewise with a Freudian psychologist. It is clear that in employing the methods of contemporary science, he distinguishes between procedures that are relevant and irrelevant in discovering what is the case. He pigeon-holes the procedures of scientific method as relevant, and the procedures of magic, religious experience, reliance on authority, and so forth, as quite irrelevant. Likewise for the statements obtained by the procedure of scientific method, and the statements obtained by the other procedures. The Freudian psychologist, then, is also employing a certain classification; and—to put it roughly—the sentence 'A natural explanation is truer than any other' appears to be a misleading way of pointing out that he is doing so. Now the only relevant question about a classification is this: 'How useful or valuable is it? What is its worth?' Consequently, if all this is so, to say 'Freudian psychology assumes that a natural explanation is a truer than any other' has to be construed as a shorthand and highly misleading way of saying: '(a) Freudian psychologists employ the classification used by scientific method, and (b) assume it is more useful than, and so better than, any alternative.'

Second Version of this line: 'Freudian psychology assumes that a natural explanation is better than any other.'

This takes us back to the second version of the reconciling line we are discussing. The second version objected to Freudian psychology on the

⁸ See Evans-Pritchard, *op. cit.*

ground that it assumed that a natural explanation was *better* than any other, and that this assumption demanded support which soon runs beyond the limits of psychology. I am not at all certain what this second version means. One plausible interpretation, however, is that it means to assert a point we have just brought out, viz. that Freudian psychologists assume that the classification used by natural explanation (i.e. scientific method) is more useful and so better than any alternative. Let me suppose this interpretation is the correct one. Now consider this sentence 'The classification used by scientific method is more useful and so better than any alternative.' Let us call this sentence 'P'. Let us ask roughly: 'Can this sentence P be said to be true or false?' I think most psychologists and sociologists, if pressed, would be found to use this sentence in such a way that it was obviously capable of truth or falsity. Thus, a psychologist would be inclined perhaps to use it something like this. 'The question of which classification is the better surely depends on what kind of problem-solving behaviour is the better to employ. Should we use scientific method exclusively for solving problems? Or should we use some admixture of the scientific and the religious, as most of us do at present? If (ignoring cultural differences for the moment) it can be shown on investigation that, for example, the exclusively scientific is the most effective in general, then it would also be shown at the same time that the classification used by scientific method was the most useful to adopt. But, of course, this is all very vague and up in the air. The problem in question is probably not yet worth empirical investigation in the present state of psychology.' And so on. In short, psychologists and sociologists would use this sentence P to express a proposition and an empirical proposition at that. Consequently, it is quite correct to point out that Freudian psychology, like any other, *does* make an assumption here—it assumes that sentence P is true—and to point out that this assumption requires evidential support. So far, so good—the second version of the reconciling line is much better than the first.

But it is now said that the 'support available very soon runs beyond the limits of psychology'. If this means only that the support required to establish it runs beyond the evidence available *at present* in psychology (and the related sciences), then it is obviously true but unimportant. It is unimportant (a) because the evidence required may quite well turn up in the course of the next century or so and settle the matter definitively; and (b) because however poor the existing support may be for sentence P, the existing support *against* P and for any analogous sentence about religious procedures is even poorer. In any case, moreover, if we do take this version of the reconciling line, the consequences for belief in God seem to me to be so awkward that I predict it will fail to do any recon-

ciling at all. For this version accepts empirical evidence as relevant. It agrees that we can establish empirically that Freudian psychology is not good enough to force us to treat the belief in God as an illusion, like the belief in fairies. We establish this empirically by establishing that sentence P is false. But to say all this is to make the existence of God a matter that can be empirically established (or disestablished) in this indirect manner. Surely, however, it is a commonplace that believers in God do *not* regard his existence as a matter that can be empirically determined, and do not treat belief in him as a belief that can be upset by the production of further empirical evidence. Consequently, if we can only reconcile Freudian psychology with belief in God in this kind of way, we shall be able to do so only by giving up some essential characteristic of the belief in God. It will then cease to do the kind of job for believers that it does at present.

On the other hand, when it is said that 'the support available very soon runs beyond the limits of psychology', this may mean that the support available and required to establish P soon runs *in principle* beyond the limits of psychology. But now this reconciling line becomes either uninteresting or false. It is uninteresting to maintain that Freudian or any other psychology uses an assumption, P, which psychology *itself* is incapable of establishing if it is the case that it is possible in principle to establish P by the use of scientific method in some other science or sciences. Obviously it is only if P cannot be established by *scientific method itself* that there will be any point in our saying, for example, that 'Freudian psychology cannot establish that the belief in God is a belief in an illusion.' Suppose, then, we widen the reconciling contention to read: 'The support available and required to establish P runs *in principle* beyond the limits of scientific method.' The reply to this is that it is just false. Sentence P reads 'The classification used by scientific method is more useful and so better than any alternative.' We have already seen that in order for P to function as an assumption of Freudian psychology at all, it has to function as an empirical proposition. Hence, just because it is empirical, it is within the competence of scientific method to establish its truth or falsity. Consequently, the reconciling contention in its wider form is false. There should be nothing surprising in this conclusion. It is generally recognized that it is an empirical business to investigate the function, and the effectiveness, etc., of alternative modes of thought—magical, religious, authoritarian, scientific, and so forth. It is just this kind of thing that one would be doing in determining the effectiveness of the classification or pigeon-holes used by scientific method. In short, when we apply scientific method to itself, it becomes clear that it is 'strong enough' in principle to establish its own superiority as a mode of adjustment.

A Reconciler's Reply: 'Scientific method cannot establish that we ought to adopt a naturalistic outlook'

At this point, however, the reconciler is able to make an obvious and very important retort. 'All that scientific method can establish about itself is this: if we use scientific method, and so also its classification, individuals groups and communities will be able to adjust more effectively—their problem-solving behaviour will be more efficient. What scientific method cannot establish is that individuals groups and communities *should* pursue this end of "effective adjustment" at all, and in preference always to any other end. It cannot establish this, since this is a value statement. So scientific method cannot establish that its own classification, and the naturalistic outlook determined by it, is the classification and outlook that is right or correct and the one we ought to adopt.'

I cannot deal here with the complexities of this important retort. I shall only mention some of the features of it that greatly reduce its effectiveness at the present time. The person who produces this retort is presumably asking for some reason why we should pursue the end of 'good or effective adjustment', or 'effective problem solving', etc. (whatever this may mean). To him it is a perfectly proper question to ask: 'But why should I adopt this method, and its corresponding classification, merely because this, the scientific method, is the most effective way of coping with any problem?' Let's call this question 'question Q'. He is saying that, if we use scientific method, we cannot produce the sort of reason required, and answer this question Q. Now when he asks question Q is his doubt a *genuine* one, or is it only a *philosophical* doubt? That is to say, is it like the doubt of the man who asks: 'But why should I go to London by aeroplane if I can get there, from door to door, just as quickly by train?—I don't follow you.' Is the doubt like this? Or is it like: 'But what reason have I for believing that the past can be used to predict the future?', 'But why should I suppose that the tree will continue to be when there's no one about in the Quad?'

If the person's doubt is a genuine one in question Q, then it is important to observe that, as soon as we discover this, we would not in fact go on to try to settle the doubt and discover a reason for adopting scientific method. Instead, we would cease arguing with the man and treat him as a psychopath. Naturally, for such a man is like the patient who asks a dentist: 'You say that the most effective way of stopping the pain is to pull out the tooth. But why should I have this done?—why should I try to stop the pain?' If we discover that the dentist's patient is in *genuine* difficulties here, we cease discussing the question with him and treat him as 'queer', as a man who has something wrong

with him. Likewise, if a person is in genuine doubt about adopting a method that will admittedly enable him to achieve an effective adjustment, the natural thing to do is to stop discussing the matter any further and to regard him as 'queer'. Such a person would be psychopathic in that he would not have been 'socialized'. That is to say, such a person would be one who had failed in the course of his development to acquire those standards, attitudes, or values (whatever we wish to call them) by reference to which all questions of right conduct are discussed and settled. Consequently, if the doubt is a *genuine* one, question Q ('But why should I adopt scientific method?' etc.) ceases to be a perfectly ordinary and proper question. It is only an ordinary and proper question inside the outlook of the psychopath. But we would not normally say that scientific method was limited because it was unable to answer this question for the psychopath. On the contrary, it would be very odd to say that 'scientific method cannot establish for him that we should all try to achieve an effective adjustment'. For we apply scientific method to answer his question, not by establishing anything for him, but by trying to cure him of the psychopathy manifested in the question.⁹

On the other hand, question Q may only be the expression of a philosophical doubt—like that about the tree in the Quad. Here the person agrees that we should behave in such a way as to achieve the most effective adjustment, and simply asks what reason there is for doing so. He is merely pointing out that there is a further question to be answered here, and that we cannot answer it by the application of scientific method. What the philosophical doubter wants is 'a reason why we should always pursue the end of "good or effective adjustment"'. This end of "good or effective adjustment" looks a perfectly ordinary and reasonable request, just like the demand for a reason why we should always lead 'a righteous and sober life' and quite unlike the demand of the psychopath. But unfortunately this request is not an ordinary and reasonable one at all. It is just as odd as the request of the psychopath. When we usually or normally ask a question like: 'But why should I try to lead a righteous and sober life?', or 'why should I aim at a professional qualification?', or 'why should we introduce proportional representation in Great Britain?'—when we ask such a question as this, we are ready to accept as a good reason an answer of this kind: 'If you don't lead a righteous and sober life, you will make a mess of your life'; 'A professional qualification will ensure that you get a job commensurate with your abilities'; 'Proportional representation will enable all sections of opinion to be fairly represented in Parliament.' In short, we accept as a good reason one that assesses the value of the given end or course of

⁹ On this whole topic of 'outlooks' and the analysis of theological statements see the symposia in *University*, Nos. 1 and 2, by A. G. N. Flew *et al.*

action by reference to some further end or consequence. But when we ask: 'Why should I always seek to solve problems effectively?', there is *no* further end or consequence available. No end that is suggested will do the job required of it.

Suppose, for example, we say: 'You ought to seek for an effective or good adjustment to any problem, because you will thereby contribute best to "your happiness" or "your well-being".' This suggestion is no good because these terms ('happiness', 'well-being', etc.) are, at best, confusion-producing synonyms for the end in question, viz. that of 'an effective adjustment'. Suppose, however, we say: 'You ought to seek for an effective adjustment because you will thereby contribute best to bring about "the general happiness of your community" or "the common good", or something of the kind.' Now in deciding whether to support proportional representation we are ready to agree that a case has been made out for it if it can be shown that proportional representation produces 'fair representation' of the electorate. That is, we accept 'fair representation' as an end; we are ready to use reference to it as a good, even if not a sufficient, reason for supporting proportional representation. On the other hand, if we say: 'you ought to seek an effective adjustment because you will thereby contribute to the common good', our philosophical doubter will *not* be ready to accept this as a good reason for seeking an effective adjustment, and an answer to question Q. For suppose that it is, in principle, an *empirical* matter to determine whether an effective adjustment by an individual is in general the best contribution he can make to the common good, or general happiness, etc. Then the question raised by the doubter is one that can be answered in principle by the application of scientific method. But it is just this that our philosophical doubter denies—as we saw. Consequently the reason he wants as to why we should pursue the end of good adjustment cannot be of this kind. Moreover, even if he were to withdraw his objection at this point and admit that we might be able in principle to produce good empirical grounds for seeking 'a good adjustment', the further end we use to do this, that of 'the common good', will not help him. For he would maintain that precisely the same question arises about 'the common good' as arose about 'an effective adjustment', viz. 'Why should I always seek the common good?'. It is useless to produce as a reason for adjusting effectively that we thereby contribute best to the common good, if this reason raises exactly the same problem that it was designed to settle. Let us suppose, on the other hand, that it is *not* an empirical matter to determine whether, when you adjust effectively, you make your best contribution to the common good. Then this alleged implication will appear as part of the meaning of 'an effective adjustment'. That is to say, we will only call these cases of individual adjustment where the implication *does*

hold cases of 'effective or good adjustment'. A glance at contemporary psycho-social theory leaves it quite unclear whether this implication is intended to function in an empirical statement or as part of the definition of 'effective individual adjustment'. If it works in the latter way, then it is pointless to produce the new end of 'the common good' as a reason for adjusting effectively, since this is now merely a misleading synonym for part of what we mean by 'an effective individual adjustment'. Consequently, on this use, to ask why each individual should seek an effective adjustment for himself is *also* to ask why each individual should seek to produce the common good. So, again, 'the common good' is no good as an end by reference to which we can assess the value of 'a good adjustment' and so provide a reason for always seeking to solve problems effectively. Nor is it any good saying: 'You should seek to deal with any given problem effectively, because you are then more likely to be able to deal effectively with the next problem that faces you.' Even if this is true, it is of no use, since the original question merely recurs about the next problem—'Why should we try to deal with that most effectively?' What is wanted is a reason for pursuing this end of 'effective adjustment' in dealing with *any* problem, immediate or remote. Nor is it any good saying: 'You should try to deal with any given problem effectively, since the *total* consequences of doing so make it better than those that ensue from pursuing some other end.' This is no use, since it is not the case that, while some consequences of adjusting effectively are good, others may make us hesitate about doing so. Hence it is quite unlike the case of proportional representation where one set of consequences (e.g. electoral fairness) makes us inclined to achieve it, whereas other consequences (e.g. party fission) make us hesitate about pursuing it.

I hope it has become apparent by now that there is something very odd indeed about question Q, about the request for 'a reason as to why we should always pursue "a good or effective adjustment", as an end or course of action'. We cannot find a further consequence by reference to which this end or course of action can be justified. The reason for our failure, I think, is that 'a good or effective adjustment' is *itself* not an end or course of action at all. If I am right, then naturally we cannot find any *further* consequence by reference to which we can justify the pursuit of it. The request for a justification presupposes that 'a good or effective adjustment' is an end or course of action just like proportional representation or temperate behaviour. And this presupposition is a mistake. To seek to solve any problem effectively is *quite* different from pursuing proportional representation as a political goal, or from leading a temperate life as a course of action. Unfortunately it would take too long to exhibit these differences here.

If all this is so, however, it follows that the

philosopher's request for a reason why we should always seek an effective adjustment is just as odd as the psychopath's request, and odd in the same kind of way. Just as the psychopath fails to distinguish between the demand for a reason for going to the dentist and for a reason for relieving his pain, so the philosophical doubter fails to distinguish between the demand for a reason why he should support proportional representation, and for a reason why he should seek to deal with problems effectively. While the psychopath fails to distinguish these demands because he has not been socialized, the philosopher fails to distinguish them because he has not learnt to discriminate between the different semantic features of these two demands. When he demands 'a reason for' supporting proportional representation, we know how he is using the expression 'a reason for'. But when he demands 'a reason for' coping with problems effectively, he is producing a very different kind of demand, and neither he nor we know how he is now using the expression 'a reason for' (or 'a reason why we should'). He goes on, however, to produce this request because he has not discriminated the differences between the two demands, and so has not noticed that his request for a reason for adjusting effectively is a pathogenic one. Moreover, we answer the psychopath's question by trying to cure him of the psychopathy manifested in his question. Likewise we answer the question of the philosophical psychopath by freeing him from his compulsion to demand 'a reason' for adopting effective problem-solving behaviour. We do this by helping and teaching him to draw the verbal discriminations that will set him free.

Can we make the Reconciler's Demand for a Reason Potent in the long run?

Now let us return to the belief in God and the attempt to reconcile it with Freudian psychology. The attempt was made to reconcile them by demanding a reason for the use of scientific method. Even if scientific method, with its naturalistic pigeon-holes, is the most effective way of coping with any problem, why should we use it? This attempt is important because it implies that, as there is no generally acceptable reason for using scientific method, we are not obliged to adopt its naturalistic pigeon-holes and reject belief in God as superstition. On the contrary, it implies that we are quite free to supplement or correct (in some way) the naturalistic 'outlook' by means of the religious. Now, while I have not examined this attempt at reconciliation at all thoroughly and adequately, I hope I have said enough to reduce its effectiveness considerably. For I have tried to exhibit the inappropriateness of

this demand for a reason. Scientific method in general is not the kind of thing that we can, or cannot, be obliged to adopt by producing a reason for or against it. In the inappropriateness of this demand lies the source of the philosophical objections that will make this reconciling line ineffective at present for psychologists, and indeed for many others in a Western community. Moreover, if all this is so, then it follows, crudely put, that the only people who will be at all inclined and so free to supplement or correct the naturalistic 'outlook' will be the psychopaths—both of the ordinary and the philosophical kind. Likewise, these will be the only people who will boggle at whole-heartedly accepting the naturalistic classification and at rejecting the religious.

But though this reconciling line may be ineffective at the present time, in a country like Great Britain, is there anything that can be done to make it generally effective in the long run? The account I have given obviously suggests that there is one very useful thing we could do. We could educate our children so as to produce philosophical psychopaths who will resist the application of scientific method—that is to say, the application of linguistic analysis, diagnosis, and interpretation. They may resist this application to their philosophical difficulties as a whole, or only to the difficulties connected with their religious beliefs. To bring about this result we should have to arrange the family and environment of the child in such a way as to produce a community of involuted, unspontaneous, parent-dependent and generally insecure adults. At the same time, we should try to see to it that, as children or adolescents, they come to relieve their insecurity to some extent by means of religious belief; and, further, that this belief becomes 'fixated' as a tension-relieving disposition. In these ways we would do something to ensure that for most people religious belief becomes part of their 'deep-seated' personal defences against insecurity and anxiety. We could then expect some of them to resist the application of linguistic analysis to all philosophical questions. This is what some Christian Existentialists appear to do at present. We could expect others among them to accept the application of linguistic analysis to those philosophical issues where its application does not produce anxiety by threatening to upset their personal defences. We could expect these same people to resist such application where it does threaten

their defences. They will resist by rigidly 'dissociating' the two sets of issues, those where they accept the application of scientific method and those where they do not. The former will be the non-religious issues and the latter the religious. Such 'dissociation' is just what some linguistic philosophers themselves appear to be practising at present.

Clearly, if we were to succeed in producing a community of philosophical resisters, we should have a community where, *ceteris paribus*, people would be very ready to talk the brand of reconciling talk we have just been examining, as well, no doubt, as other brands. In this kind of community this brand would be security-producing and so generally effective. But why *should* we aim to produce a community of people who will resist the application of scientific method (or linguistic analysis) to their philosophical difficulties? Is the only advantage of this policy to be found in the fact that we can thereby obtain a community in which religious belief can be reconciled with the naturalism of scientific method? If this is the only advantage of the policy then there is nothing much to be said for it. It evokes the obvious objection: 'But why on earth go out of your way to pro-

duce insecure children and adults, etc., merely in order to give religious belief a job to do and so save it from being rejected as superstition?' In other words, if religious belief can only be saved at the cost of producing a community of insecure children and adults, then it is not worth saving. Far better that it should be discarded as superstition. In any case, however, it would be generally admitted that the policy of educating for insecurity in a country like Great Britain at present could only be carried out by using the apparatus of a super-totalitarian state. Consequently, if we exclude the use of totalitarian methods, it would seem to be impossible in practice to turn Great Britain into a community that will resist the application of linguistic analysis to its philosophical difficulties.

I wish to end as I began—by emphasizing how much of what I have said presents a caricature of the work of psycho-analysts, psychologists and philosophers. I only hope that by means of this caricature I have been able to exhibit sharply some of the issues that need to be faced at the present time.

(Received 9 April, 1952)

DISCUSSION

EDITOR'S INTRODUCTION

From the following statements by Mr. Kenji Ohtsuki and Dr. James Clark Moloney, the reader will see that a controversy has arisen between the two writers, on the character and function of psycho-analysis in Japan. Mr. Kenji Ohtsuki is one of the translators of Freud's works into Japanese and the editor of the *Tokyo Journal of Psychoanalysis*, now (1954) in its twelfth volume, published by the Tokyo Institute of Psychoanalysis, Nishirasuno, Tochigi, Japan. Mr. Kenji Ohtsuki's name does not appear in the list of members of the Sendai Psychoanalytic Society, given in the 108th Bulletin (1954) of the International Psycho-Analytical Association; there twenty-two members are listed, of whom all but four seem to be medically qualified; Dr. James Clark Moloney is a member of the American Psychoanalytic Association, and says in his book, cited later, that he visited the Japanese islands twice in the 1940s.

The Editor is glad to give Mr. Kenji Ohtsuki an opportunity to state his objections to some of Dr. Moloney's conclusions, but unfortunately, owing to language and other difficulties, his manuscript could not be published as received. The Editorial Committee have therefore prepared an abridged transcript which they sincerely hope contains the gist of the main arguments which the author wishes to present. In accordance with custom in scientific journals, Dr. James Clark Moloney has been invited to make a final reply (to the original manuscript).

The Editor would like to take this opportunity of reminding members and readers of this Journal that it is the policy of the Editorial Committee to print such controversial discussions only in exceptional circumstances, since they seldom lead to any positive advance in theory or practice. In general, corrections of misstatements, etc., should be made in a *Letter to the Editor*, e.g. Vol. 32, 1951, p. 338. It should, however, be emphasized that the pages of this Journal will always be open to any serious worker who has a contribution to make to our science or to its various applications.

Editorial transcript of:

THE MISUNDERSTANDING OF JAPANESE PSYCHO-ANALYSIS.

A PROTEST AGAINST VIEWS EXPRESSED BY
DR. J. C. MOLONEY

By KENJI OHTSUKI, JAPAN

The article by Dr. James Clark Moloney entitled 'Understanding the Paradox of Japanese Psycho-Analysis' (this *Journal*, 34, 1953, p. 291) was a shock because it seemed to present such a distorted picture of the state of psycho-analysis in Japan. I was the more distressed inasmuch as it appeared that my long-continued and sincere efforts to further mutual understanding between nations had been useless. I should like to protest against some of Dr. Moloney's statements.

(1) Dr. Moloney's references are out of date and biased, presumably because they are mostly from work published during the war when Japan was, so to speak, 'beside herself'. Moreover, the text and illustrations of advertisements in the *Tokyo Journal of Psychoanalysis*, advertisements that have no connection whatever with its scientific contents, are treated as if they had some inevitable correlation with our scientific views. The main subject of discussion, *Kokutai no Hongi* (Cardinal Principles of the National Entity of Japan), was compiled by official writers, under the supervision of the war-time Department of Education, with the military-political purpose of controlling public opinion. It is definitely not a book that should be regarded as a fair representation of Japanese thinking in general.

(2) Long passages of several of my war-time articles are given in translation. These were intended as criticism of the attitudes of mind inculcated by *Kokutai no Hongi*, but Dr. Moloney uses them to imply that I shared the views with which I disagreed. This is the more astonishing to me in view of Dr. Moloney's former commendation of my protest against the then Minister of Education. A letter from him

printed in the January, 1952, issue of our Tokyo *Journal* contained the following passage:

'I should like to commend you for your bravery in having written the article *Re-education of Japanese National Traits*, in the April-May 1941 issue of *Seishin Bunseki*. It was a most interesting and daring article. How were you able to write it without getting into trouble with Ito Enkichirō, of the Ministry of Education? I was also very much interested in *Traits of Japanese Character and their Cause*, in the July-August issue of the same journal. I have been interested in a number of your articles, but these two, especially, impressed me with their frankness.'

Now, to my embarrassment, Dr. Moloney seems to align me with the authors of *Kokutai no Hongi*. I do not, of course, underrate the significance to us of our State and nationality, any more than normal, sound Americans would deny that of their own. What I tried to point out were some of the illusions and misconceptions entertained about our State and nationality. It would seem that Dr. Moloney has failed to discriminate between my admission of the existence of some of these illusions and my sharing of the visionary idealism which was the subject of my criticism.

(3) Dr. Moloney assumes that most Japanese analysts compel their patients to obey their parents unconditionally. This is a rash assumption. In my book *Character and Will* I advised my readers no longer to regard their parents as parents but as fellow men and women. So long as they continue to look upon their parents as parents they will retain their childish mentality and never acquire individual independence. We do not, however, force our patients into reckless rebellion against their parents. My recommendation not to regard parents as parents is intended to obviate useless oedipal conflicts between parents and children, by way of analytical understanding of elders as fellow human beings. Inasmuch as parents are not the direct subjects of analytical treatment, we can influence them only indirectly through the direct treatment of patients, which does not mean advising those patients to look upon their parents as absolutely sacred.

Dr. Moloney remarks that T. Muramatsu is critical of the 'wild' procedure of an analyst (H. Kosawa) who recklessly encourages oedipal strife between patients and parents. I also disagree with Kosawa's procedure inasmuch as it does not help to sublimate the patient's

Oedipus complex, but rather to encourage and exacerbate it.

(4) Dr. Moloney assumes that the Japanese lay stress on nationality and underrate individuality, whereas the Americans do the opposite. This is a new instance of the Western mode of thinking in two contrasting concepts—the very mode to which I have often referred in our own *Journal* and requested my Western colleagues to consider.

Nationality and individuality may stand in contrast in one sense, but not in another. It is possible to be a good National and a good individual. Presumably Dr. Moloney does not find that being a good American and being a good individual are incompatible aims. But if nationality has been too much emphasized to the detriment of individuality, then the individual must revolt against suppression and oppose the inordinate claims of nationality. This is why I protested against the unreasonable approach of military dictators in terms of nationalistic morals.

I am neither ashamed nor proud of being Japanese, but I love many traits of the Japanese people and the merits of our traditional culture. This does not mean that my approach to foreign cultures is negativistic. At first we accepted the Freudian doctrine in its entirety; and to-day we still accept and find justified almost all the basic principles of Freudian science. No culture or doctrine, however, can avoid reflecting to some extent the specific traits of the country, State, and era of its origin, and Freudian science is no exception to this rule. When it was imported into America it became more or less Americanized; in the same way, when it was imported into Japan, it naturally tended to become gradually Japanified. Is it justifiable to assume that the American version is an absolute standard and all other modifications perversions?

(5) Dr. Moloney reproaches the Japanese for looking up to their *Tenno* (not Emperor) as their superego, but in any country, at any time, the sovereign of the country is looked up to by the people as their superego or its symbol. This is a fact, whether good or not. The English look up to their King or Queen as their symbolical superego, and the Americans to their President, as Dr. Richard Sterba showed in his 'Report on some Emotional Reactions to President Roosevelt's Death' (*Psychoanal. Review*, 33, 1946).

There are people whose individuality is so well defined that they do not seem to feel any need to project their superegos on to an ex-

ternal object but, in general, it is more usual for ordinary people to tend to look up to their sovereign as the common symbol of their superegos. Hence the tendency of the Japanese to look up to their *Tenno* as their superego-symbol is in no sense an enigmatic peculiarity in them.

I frankly admit that, during the war, our military dictators tried to make the *Tenno* more than a symbol and to impose him on the people as their superego itself, an attempt which men of education had to resist. But this type of distortion may be found anywhere in war, and Dr. Richard Sterba showed in the Report mentioned above that America was no exception, and that President Roosevelt's idolization after his death distorted him in a similar way into an American superego.

(6) Dr. Moloney assumes that the Japanese have been taught democracy by the Americans since the truce. But an American military officer who came to Japan as an administrator and censor discovered with surprise and admiration the former existence of a great democratic thinker and practitioner, the peasant-sage Sontoku Ninomiya. There was also another great democrat, Yukichi Fukuzawa, a famous thinker and teacher, who founded the present Keio University and whose very widely known motto was 'Individual independence and self-respect'. The good effects of his wise teaching are not yet extinct, but were obscured during the war by the military dictatorship. The temporary state of affairs under this dictatorship should not be thought of as a permanent condition natural to Japan. We are glad to find that our native type of democracy is coming into its own again since the withdrawal of the American armed forces.

(7) Dr. Moloney concludes that Japanese nationals and analysts are all 'living cells which constitute the single body that is the person of Japan'. But how could the organization of a national entity ever correspond exactly with the cellular constitution of an organism? At any time and in any country a society must exhibit some degree of organization, but it can be only a collection of relatively independent individuals. Organization of such a collection into a complex but united entity with a minimum of conflict between its members results in the kind of community that may be called a good society or a sound nation.

The American nation is an accumulation of individuals of differing racial origin and may,

therefore, have a correspondingly low capacity for organization, in the sense of achieving a closely knit, highly integrated society or national solidarity. Japan, on the other hand, is an old nation with a long tradition; hybridization between the various strains in its population is much further advanced, and its society is accordingly more highly organized. There are fewer obstacles in the way of national solidarity. These differences between America and Japan are explicable on sound sociological grounds and are not a matter for condemnation or caricature.

DR. JAMES CLARK MOLONEY'S REPLY:

Mr. Kenji Ohtsuki questions and contradicts many aspects of my paper 'Understanding the Paradox of Japanese Psycho-Analysis' that appeared in Vol. 34, Part 4 (1953), of the *International Journal of Psycho-Analysis*. I have been afforded an opportunity to read and to reply to Mr. Ohtsuki's criticisms.

In reading Ohtsuki's criticisms I again became aware of the type of ethnocentricity that blocks communication. Instead of a laborious item by item discussion of Ohtsuki's position, I desire to offer instead my book, *Understanding the Japanese Mind* (New York: Philosophical Library, 1954). This considers in detail, and I think answers, many of the queries raised by Ohtsuki. For those who are not too interested in the real significance of the Ohtsuki-Moloney polemics, I suggest that they read chapter 12 of this book.

In addition to the material referred to, the following is pertinent: 'As mentioned previously, I have submitted a number of questions about their practices to my Japanese psycho-analytic correspondents. One response is of particular interest here as an indication of the unconscious syncretization still to be seen in Japanese psycho-analysis. To the query, "Do you know of any new methods or techniques used by Japanese analysts which might be employed to advantage by American analysts?" I received negative replies from all but Mr. Ohtsuki, who wrote: "I use . . . moxa-therapy (a stimulus therapy). Moxa-therapy is a classical Japanese medical method. I think it is a milder form of shock therapy." Since moxa-therapy consists of the burning of the soft, downy substance from the leaves of certain plants on the patient's skin, it appears highly unlikely that American analysts would consider this technique

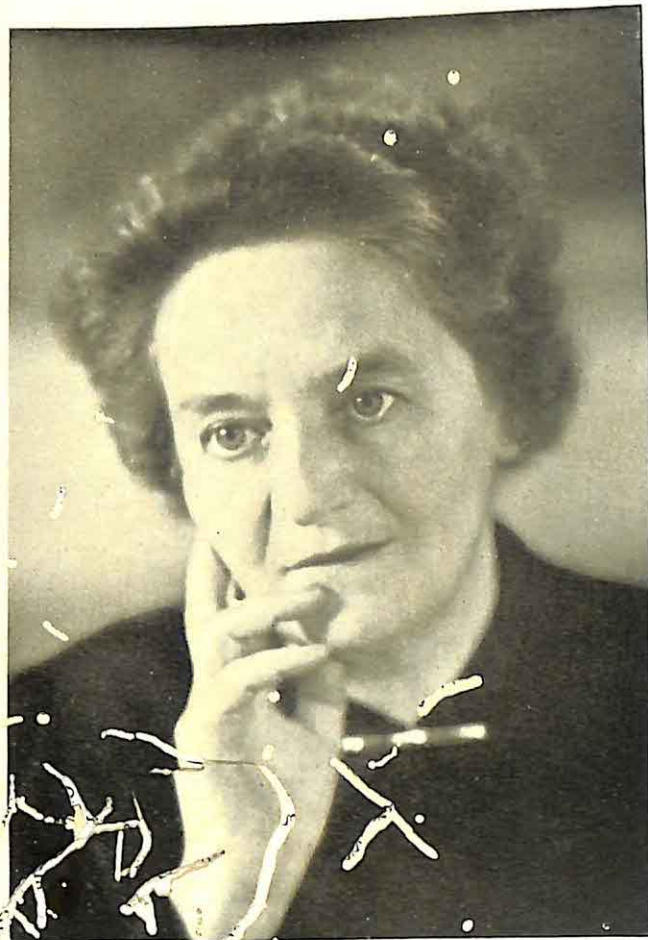
something they wished to borrow from the Japanese. But the point of interest here is that the technique is, as Ohtsuki says, "a classical Japanese medical method". It has, in fact, been in use in the Orient for centuries. Thus we have a clear example of the perpetuation of a very ancient Eastern method, and syncretization of

this method with Western psycho-analysis, which is little more than half a century old. Observe, too, that Ohtsuki speaks of it as "a mild form of shock-therapy". Shock-therapy is considered in the Occident as a part of psychiatric rather than of psycho-analytic treatment; it is never used in psycho-analysis' *loc. cit.*, p. 252).

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each of



FELIX DEUTSCH, M.D.



HELENE DEUTSCH, M.D.

ON THE OCCASION OF THEIR SEVENTIETH BIRTHDAY

TO
HELENE DEUTSCH
ON HER SEVENTIETH BIRTHDAY

The news that Helene Deutsch has joined the small group of septuagenarians amongst the pioneers of psycho-analysis will no doubt come unexpectedly to most of her friends, old and new.

Those who have met her in recent years will find it hard to reconcile the traditional image of three-score years and ten with the impression of her to which they have become used; with the charm and resilience, the elegantly forward-driving mind and the courageous perspectives they admire in her. Her old friends are privileged to add that all this has hardly changed over the years, except inasmuch as the imprint of rich experience and the wisdom which engenders have added new shades of autumnal colouring.

Helene Deutsch's place in psycho-analysis is a singular and clearly defined one: her work is that of the great clinician.

In this age of unavoidable and, sometimes, fruitful specialization amongst analysts the word *clinician* cannot stand without comment: in the context in which I use it, it designates not a field, a 'speciality', but an approach.

The clinician, as the name applies to Helene Deutsch, is not only one who deals with nosology, with groups of afflictions. She has excelled in this, and for three decades her classical case histories have remained models of analytic work. But she is a great clinician in a much wider sense, a sense germane to psycho-analysis. She is a clinician of psychological understanding. Whether she deals with phobias, obsessions, anxiety states, manic-depressive disorders, the affective proclivities of schizoid personalities or normal affects, with happiness or grief, satisfaction or distrust; whether she deals with the pathological liar, the scurrilous phantast, the passionate sportsman or the prophetic virgin, the sick or the well, her approach is one and the same: the psychological essence of the case is laid bare.

Those who know from clinical conferences

how Helene Deutsch's mind works have always been amazed at the unmatched speed with which the data placed before it seem to flow into configurations, and by the intuitive assuredness with which she seizes on the relevant factors. Hence her ability to incorporate into psycho-analytic thinking a wide range of communications. Here, where we cannot even attempt to enumerate the many and crucial sectors of psycho-analytic knowledge which we owe to Helene Deutsch's work, it must suffice to recall that she is the author of by far the broadest and richest monograph in psycho-analytic literature; a treatise whose readers are fascinated by the scope of the problems and perspectives which its author develops. The data she used in her *Psychology of Women* are gathered from psycho-analysis, from the psychiatric clinic, from social case work, from historical and anthropological reports, and from literary works. Some of her most brilliant theses are illustrated and epitomized by the analysis of characters in fiction. I know of no other psycho-analytic writer who has used poetic intuition in a clinical context so effectively and so consistently.

The scope of her interests clearly reflects the influence of her teachers. But the tradition of Freud and Abraham has been expanded and enlarged in her work. The outstandingly fruitful synthesis of descriptive acumen, therapeutic zeal, and passionate devotion to psychological understanding, the courage to see the new in the familiar which characterizes her work, is needed in the future. At a time when in psycho-analysis routine threatens to gain ascendancy, when mechanization endangers the belief that the psycho-analyst can find the new by his own methods and in his own way, Helene Deutsch's place is in the vanguard.

It is in this sense that it is my privilege to greet the youthful septuagenarian, on behalf of her friends and her pupils.

Ernst Kris

OBITUARY

CLARENCE P. OBERNDORF, M.D.

1882-1954

With the death of Dr. Clarence P. Oberndorf in New York City on 30 May, 1954, psychiatry and psycho-analysis lost one of their most esteemed pioneers. For almost fifty years he was in the forefront of the progressive development of psycho-analysis in Europe and the United States, and his active participation continued until the time of his death.

Obeý, as he was affectionately called by his many colleagues and friends, was born in New York City on 16 February, 1882. His family lived in the small village of Selma, Alabama, but because of the difficulties his mother had experienced in five previous pregnancies, it was thought advisable for her to be under the care of an obstetrician in New York City. Her labour at this birth, however, was no less arduous than at the previous ones. As soon as she was able to travel, she returned to Selma, Alabama, with her infant. In a short autobiography, Obeý states that he was extremely ill during the first years of his life and that he survived only because of the extreme devotion of his Negro wet nurse and the conscientious medical care which he received from the small-town doctor.

Obeý attended the small local school from the year he was six until he was eleven. At that time his father died and the family moved to New York City, where Obeý again entered a State school. In retrospect, he considered himself fortunate in not having been sent to a private school, for he felt that the competition and contact with people from all walks of life gave him a better foundation and preparation for his future profession than the narrow, restricted existence of Southern village life or a cloistered private school could possibly have contributed.

After Obeý's graduation from elementary school, the family moved to Munich, Germany, where they lived for approximately a year. It was there that he gained the proficiency in the German language which he found so invaluable as a physician. Munich left an everlasting impression on the adolescent, and Obeý repeatedly attributed his love of and attitude towards life

to the easy pace that he observed in the local inhabitants there. We who knew Obeý became aware of the impact Munich had had on him when we were together at the social functions and collations which usually are a part of medical conventions and meetings, of whatever size and scope, as well as at social gatherings not professional in purpose.

When he was fifteen years old, Obeý returned to New York City and entered Mt. Morris State high school as a sophomore. In high school he participated actively in sports, but his primary non-academic interest was in journalism. This latter drive was fully gratified when he was allowed to serve the local Bronx newspaper as its correspondent for activities pertaining to the high school. He entered Cornell University in 1900 on a New York State scholarship and in his freshman year enrolled in a few courses for which he could obtain credit towards a medical degree. There is no doubt that there is a great deal of validity in the thought that he occasionally expressed: that he was very much influenced in this decision by his reading of Balzac's *Country Doctor*.

Obeý's interest in journalism, however, appeared to be paramount, and he immediately became a member of the staff of the *Cornell Daily Sun*. Other extra-curricular activities included athletics. In the beginning of his junior year, he was keenly disappointed by his failure to become the managing editor of the *Cornell Daily Sun*; thus his interest in journalism as a profession dwindled. Although he was elected editor of the *Cornell Era* at the end of his junior year, the decision to become a doctor of medicine had been made.

In order to understand Obeý it is essential to note an important incident which occurred at the end of his sophomore year. Dr. Martin B. Tinker offered a prize for the best treatise on hand disinfection procedures. Obeý's article was considered exceptionally good and Dr. Tinker had it published in the *New York Medical Journal*. That summer, Obeý was permitted to

assist Dr. Tinker, who was chief surgeon at the Clifton Springs Sanatorium and a pioneer in operating under local anaesthesia. Obey often referred facetiously to his experiences in the operating room, where Dr. Tinker found his clumsy fingers of little help. As part of Dr. Tinker's operative procedure, however, Obey was found to be extremely effective in talking to the patient during the operation. This rôle became his regular assignment, and it may have been the first time that Obey became conscious of his natural ability to put a patient at ease. Obey was so impressed with his results that he entered the junior year more firmly determined to follow medicine as a profession and with some thoughts pertaining to psychiatry as a specialty.

In his senior year at medical school, lectures in psychiatry were few. They were given by Dr. Adolph Meyer, who at that time was recognized and accepted as the most progressive psychiatrist in the United States. At his first sight of Dr. Meyer, Obey was consciously amazed and startled at the professor's resemblance to his father. It was not until many years later, however, that Obey became aware of this unconscious influence as it related to his identification of Meyer with his father and the subject that Meyer taught. Obey's conviction that he had been wise in choosing medicine as a profession and his growing interest in psychiatry crystallized during the two-year internship at Bellevue Hospital which followed his graduation in 1906 from Cornell Medical College. He often recalled with embarrassment and shame his participation during those years in the then-accepted treatment of patients with nervous disorders. The very humiliation that he experienced at Bellevue, however, made him eager to seek a more rational psychotherapeutic approach.

After completing his internship, he deemed it advisable to supplement his American medical training with additional studies in Europe. He was accepted as a volunteer on the neuro-psychiatric service of Dr. Theodore Ziehen at the Charité Hospital in Berlin, and a few months later he received a similar appointment at the Psychiatric Clinic directed by Dr. Emil Kraepelin in Munich. Although the atmosphere of Kraepelin's clinic offered a welcome relief from the strict rigidity of Berlin, the approach was similar to that at the Charité in that it was confined chiefly to the description of symptoms rather than to the psychodynamics of mental disorders.

In May, 1909, Obey returned to New York 'better instructed but neither stimulated nor inspired by the psychiatry I had seen in Europe'. Acting on the advice of Dr. Menas Gregory, he obtained a residency at Manhattan State Hospital on Ward's Island. This institution was then considered the centre of the most advanced psychiatric training in the United States. Here he found a group of serious-minded, brilliant men who manifested great enthusiasm for the 'new' dynamic psychiatry. Chief among these was Dr. Adolph Meyer.

Obey served as a full-time interne for approximately five months and then was granted permission to continue on a half-time basis, thus gaining the opportunity to open a private office which was primarily devoted to the practice of psycho-analysis.

It was during this early period that he first met Dr. A. A. Brill, and a lifelong personal as well as medical friendship developed.

On 2 March, 1911, under the leadership of Dr. Brill, and with Obey as one of the founders, the New York Psychoanalytic Society received its charter. A few months later the American Psychoanalytic Association was founded, with Dr. J. J. Putnam as its president and Dr. Ernest Jones as its first secretary. These two societies with their small membership offered a fertile field for the national growth of psycho-analysis. The New York Psychoanalytic Society continued to meet regularly, although during World War I some of its activities were necessarily curtailed.

The American Psychoanalytic Association, on the other hand, did not meet during this critical period. At the first annual meeting in 1919, the hostile feeling towards anything European which was prevalent in the United States seriously threatened the existence of the Association. The membership was equally divided on the question of dissolving the organization, but no action was taken. At the spring meeting in 1920 the subject was again discussed in a bitter and acrimonious atmosphere. It was Dr. Adolph Meyer who addressed the meeting in the midst of the debate and, in his quiet voice, swayed the vote for the continuation of the Association, a move in which he was strongly supported by Obey.

It is also significant that it was in 1919 that Dr. Ferenczi, then president of the International Psycho-Analytic Association, made particular reference to the 'remarkable increase' in psycho-analysis in America and England and therefore thought it advisable to establish an

official organ of the International Psycho-Analytic Association. He invited Dr. Jones to undertake the task. Obey was offered and accepted one of the associate editorships of this new quarterly, which remained the official publication of the International Psycho-Analytic Association until 1950.

As Associate Editor of the *International Journal*, Obey had the opportunity to keep abreast of the development of both the theory and the clinical application of psycho-analysis. From then on he was constantly alert and ever ready to give much of his energy to the task of building a harmonious understanding between the American and European societies. In the United States he served as chairman or as a member of leading committees of psycho-analytic, psychiatric, neurological and medical associations. During his span of life he held many positions of trust and honour, most of which are listed below. His early interest in journalism was reflected in the publication of more than 120 scientific papers, in his stories, and in his psychiatric novels of Oliver Wendell Holmes.

During his affiliation with Manhattan State Hospital, Obey had become preoccupied with the advantage that ambulatory patients and others in a general hospital would receive from the establishment of an out-patient clinic devoted exclusively to psychiatric patients. He succeeded in making such arrangement with Mount Sinai Hospital in April, 1913. A few years after the opening of what was originally a one-man clinic Obey attracted to this service men who were psycho-analytically oriented as well as qualified psycho-analysts. The scope of their consultations and activities in the hospital broadened and the residents of the hospital, particularly those on the neurological service, became aware of the importance of psychodynamic orientation, and many chose psychiatry as their specialty.

On this clinic Obey, the pioneer, found the ideal setting for the practical application of psychodynamic psychiatry to social problems. Various community organizations availed themselves of the services of this clinic, and as a result of this influence within a few years created their own psychiatric units.

He remained at Mount Sinai Hospital until his resignation in 1939, and the foundation for the present psychiatric service of this hospital can be attributed to his early endeavours.

It was while at Mount Sinai Hospital, in 1919,

that he became actively interested, with Dr. Israel Strauss and others, in the establishment of the Committee for Mental Hygiene among Jews. Obey felt that without an understanding of the traditions and culture of a particular group the 'effectiveness of psychotherapy would inevitably be weakened'. A few years later this committee founded what is now known as the Hillside Hospital. From its inception until his death Obey was an active constructive member of its Board of Directors.

Another activity in which Obey took great pleasure and to which he devoted much time and effort was his association with the Hebrew Sheltering Guardian Society at Pleasantville, New York. In 1925, he had been invited to establish and direct psychiatric activities for this organization. His work there remained a source of enjoyment to him until the time of his death; one of many examples of the deeply sincere interest he felt in every patient and individual.

As one who was closely associated with Obey for more than thirty years, I should like to stress some of those human qualities which are so often marked in a man pursuing a scientific career. A gentleman, a raconteur, and one who loved life, Obey had the faculty of making many friends and enjoyed maintaining his relationship with them regardless of geographical separation. One felt completely at ease in his presence, no matter what one's age or status.

With his patients, Obey never forgot that he was primarily a physician. He was sensitive, kind, understanding, and persisted in his attempts to alleviate the suffering of those who consulted him. Obey, as a profound student of Oliver Wendell Holmes, found himself a living exemplar of the doctor in Holmes's address on *Practical Ethics of the Physician* to the medical graduates of Harvard University at the annual commencement on 10 March, 1858:

'Your conduct in the sickroom, in conversation with the patient or his friends, is a matter of very great importance to their welfare. . . . The manner in which a medical practitioner may operate with his tongue is a much more dangerous instrument than the scalpel or the bistoury. Say not too much, speak it gently, and guard it cautiously. Always remember that words used before patients or their friends are like coppers given to children. You think little of them but the children count them over and over, make all conceivable imaginary uses of them, and very likely change them into something or other which makes them sick, and causes you to be

sent for to clean out the stomach you have so unwittingly filled with trash. It is a task not so easy as it was to give them the means of filling it.'

With the death of Obey we who knew him well have lost a loyal colleague and a devoted friend. Many will find comfort in the thought that to live in the memories that one leaves behind, is not to be gone.

Dudley D. Shoenfeld.

Clarence P. Oberndorf: LIST OF APPOINTMENTS
Co-founder New York Psychoanalytic Society 1911.
First Chairman Educational Committee, New York Psychoanalytic Society.
Founder American Psychoanalytic Foundation.
Secretary American Psychoanalytic Association 1922 and 1923, 1927-30.
President New York Psychoanalytic Society 1917-20.
President American Psychoanalytic Association 1924 and 1936.
Chairman Committee on Public Information, New York Psychoanalytic Society 1941 to death.
Brill Memorial Lecturer at the New York Psychoanalytic Society 1949.
Associate Editor INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS from its inception to his death.
Vice-President International Psychoanalytic Association 1936.
Adjunct Psychiatrist Mt. Sinai Hospital 1913-26.
Associate Psychiatrist Mt. Sinai Hospital 1926-39.

Consulting Psychiatrist Mt. Sinai Hospital 1953 to death.

Clarence P. Oberndorf Visiting Psychiatrist Programme at Mt. Sinai Hospital which was established just prior to his death, May 1954.

Clinical Instructor in Neurology and Chief in the Neurological Clinic at Cornell University Medical School 1917-22.

Adjunct Neurologist Bellevue Hospital 1915-22
President New York Society for Clinical Psychiatry 1938-40.

President Schilder Society 1943-45

President American Psychopathological Association 1953 to death.

President New York State Hospital Medical Alumni Association 1953 to death.

President New York Neurological Society 1943
Secretary Section on Neurology and Psychiatry of the New York Academy of Medicine 1932-33.

Chairman Section on Neurology and Psychiatry of the New York Academy of Medicine 1933-34

Member Committee on Medical Information of the New York Academy of Medicine 1941 to death

Consulting Psychiatrist and Member of the Board of Directors of the New York Jewish Child Care Association 1925 to death.

Consulting Psychiatrist and Member of the Board of Directors of the Hillside Hospital 1919 to death.

Samuel H. Hamilton Award and Lecturer 1952.

Associate Editor *Psychoanalytic Review* 1937 to death.

Associate Editor *American Journal of Psychiatry* 1948 to death.

WALTER SCHMIDEBERG

Walter Schmideberg died in Switzerland on 22 September, 1954, of heart failure following a severe operation. He was sixty-four years of age.

With his death one more link is broken with the pioneering phase of psycho-analysis which came to an end only a few years after the First World War; and, by the same token, psycho-analysis loses one of the more colourful personalities that from time to time have added some glamour to its otherwise conventional professional façade. That he was better known and appreciated among an older generation of psycho-analysts was due partly to his retiring disposition and partly to the fact that, once a new and at first unconventional science becomes organized along professional lines, its younger members have less need of and rate less highly the qualities of mind that sustain the pioneer. In those earlier times psycho-analysis attracted to its ranks a number of adventurous spirits who had already gained distinction through their

personal character and their work in other fields. Walter Schmideberg had a special claim to recognition in this respect; for he broke with an aristocratic tradition, to say nothing of an adventurous and distinguished army career, to become and remain for the rest of his life a devoted student of psycho-analysis.

He was born in Vienna on 5 April, 1890, of an American father and Austrian mother and his training and education were designed to fit him for the life of a gentleman and a professional army officer. At an early age he passed into the old Imperial Austrian Army and, at a time when Hungary was still part of the Empire, rose to the rank of Rittmeister (Captain) in a crack regiment of Hungarian Hussars. Already as a young subaltern he was recognized as a fine athlete and sportsman, and, before war broke out, was one of the most daring steeplechase riders in Austria.

Even during this first and strenuous phase he devoted much time to intellectual pursuits. He

was keenly interested in psychology and in particular in the clinical aspects of hypnosis. These interests, however, had to be pursued clandestinely; for he was brought up in Kalksburg, an exclusive Jesuit school, reserved for the sons of wealthy and aristocratic Austrian families. As he once dryly remarked, he had the dubious distinction of being present at an *auto da fe* in his honour, when his collection of books on psychology and hypnosis was publicly burned before the faculty and student body of Kalksburg, in whose eyes (this was in 1907) books on hypnosis were 'works of the devil'.

On the outbreak of the First World War his regiment was immediately thrown into action on the Russian front to help stem the enemy's attack until the Austrian Army could be fully mobilized. Unsupported by reinforcements, most of his army group were annihilated. Walter Schmideberg was one of the few survivors and, many years later, recounted his experiences in an article in *Life and Letters*—'When I last fought in Russia'. After many vicissitudes he was transferred to the Italian front, where he was captured and saw the war out as a prisoner in Italy.

As a young officer Walter Schmideberg met Dr. Max Eitingon, then an army psychiatrist, in a small town in Hungary. This meeting proved a turning-point in his life and career. Eitingon introduced him to Professor Freud, who in turn put him in touch with Dr. Ferenczi. Austria in those days was literally starving and Captain Schmideberg, always anxious to be of service to his newly found master, elected himself as a courier, bringing from Ferenczi to Freud presents of some of the simpler necessities of life, a circumstance which Freud in later times would recall with an appreciative smile.

After his internment in Italy, Schmideberg returned to Vienna and became a regular visitor and friend of the Freud family in the Berggasse, where he attended meetings of the then small group which constituted the Vienna Psycho-Analytical Society. In 1921 he moved to Berlin, where he lived at the home of Max Eitingon. He was for a time secretary of the Berlin Psycho-Analytical Society and helped Dr. Eitingon to organize the Psycho-Analytical Poliklinik in the Potsdamerstrasse, the first of its kind. He also played a major part in organizing the International Psycho-Analytical Congress which was

held in Berlin in 1922, the last Congress attended by Freud in person. It was in Berlin that Walter Schmideberg met his future wife, Melitta, then a medical student; and in 1932, after she had completed her medical and psycho-analytical training, the Schmidebergs settled in England and joined the British Psycho-Analytical Society.

It was in this country that Walter Schmideberg entered upon the most tranquil and fruitful period of his life. The liberal atmosphere of English culture was extremely congenial to one who had been bred in an exclusive military academy, and he responded by an undivided devotion to psycho-analytical work. A regular attendee at the British Psycho-Analytical Society, he also assisted for many years in the work of the London Clinic of Psycho-Analysis, where until the end of the Second World War he exercised his acute clinical insight in the work of consultation. His therapeutic work was also of an unusually successful order, as was evidenced by an increasingly busy practice. He was in fact more a clinician than a theoretician. His first and greatest concern was for his patients, and most of his original work lay in exploring and expanding therapeutic techniques. Perhaps for this reason he was not a prolific writer and has left behind him but few written contributions.¹ In this connection he was wont to claim, with some pride, that he was in one sense the inventor of 'control-analysis'. He recalled how, when he ran into some difficulties with his first patient, he appealed to Professor Freud in the words of Goethe's Magician's Apprentice, 'Besen, Besen, sei's gewesen'. Freud laughed good-naturedly at this demonstration on the part of a young pupil and obliged by helping him out.

But this period of quiet contemplation and assiduous work was not to last very long. With the outbreak of the Second World War, he found the world in the same turmoil that had surrounded him in early manhood. Despite failing health he increased his daily load of therapeutic work and during the London Blitz spent most of his nights as an untiring fire-watcher. A severe heart affection ensued and he was compelled to retire to Switzerland for rest and recuperation. He never fully recovered.

Walter Schmideberg's death will be keenly felt not only by those who were fortunate enough to share his friendship but by a wide circle of

¹ See, for example, 'Agoraphobia as a Manifestation of Schizophrenia', *Psychoanalytic Review*, 38, 1951; 'On Original Sin', *Psychoanalytic Review*, 37, 1950.

ex-patients, who had reason to be grateful for his analytical skill, and by a number of psycho-analytic students and political refugees to whom he offered unfailing encouragement and generous practical assistance. To his intimate friends he was a man of singular charm. Although he did not write much and at no time sought the professional limelight, he was in private life a *causeur* of the first rank. Like Freud, his favourite

masters were Goethe and Shakespeare; and like Freud he had at his disposal a rich store of pithy anecdote with which he would drive home an interpretation to a patient or garnish a conversation with a friend. His memory as a gentleman, an analyst, and a man of the world will long endure in the annals of psycho-analysis.

Edward Glover.

CHARLES ODIER

Dr. Charles Odier was born in Geneva in 1888 and died, after a prolonged illness, on 28 July, 1954, at Lausanne.

After his medical studies, which he followed in Geneva, he worked as resident in neurology and psychiatry at Vienna. Thereafter he pursued his studies in medicine in Geneva and Paris and practised for a few years in Geneva.

While attending the lectures of Professor Théodore Flournoy, Dr. Odier took an increasing interest in the study of neurosis. In 1914 he wrote on symbolism in hysterical contractions. He went to Holland in 1922, and was analyzed by Ophuysen. Returning thence, he continued in general practice, but at the same time began work as a specialist. In 1925 he wrote his first book on the Oedipus complex, testifying to his wide understanding of the unconscious processes.

At the first conference of French-speaking psycho-analysts, held in Geneva in 1927, Dr. Odier presented an authoritative report on the various defence mechanisms used by obsessive compulsive and phobic patients. Finding that many French colleagues were becoming interested in his research, he decided to leave for Berlin, to complete his preparation at the Psycho-Analytic Institute of that city. Thereafter, settling down as a specialist in Paris, he practised in France from 1929 to 1939. He delivered several papers to the Psycho-Analytical Society in Paris, lectured at the Institute, and became co-editor of the *Revue française de psychanalyse*. His leadership was at once appreciated. As a scrupulous and subtle exponent of the teaching of Freud and his pupils, he succeeded in clarifying to the French mind the often obscure ideas of his German colleagues; and he played a great part in providing a French vocabulary for the language of psycho-analysis.

In 1939 Dr. Odier returned to Switzerland and

settled at Lausanne. His first years there were mainly devoted to preparing a number of books. In *Les deux sources conscientes et inconscientes de la vie morale* (*The Two Sources, Conscious and Unconscious, of Moral Life*), published in 1943 (a second enlarged edition was issued in 1947), Dr. Odier lays down a distinction between function and value. The principal aim of his work was to show the philosophers and theologians of Switzerland that psycho-analysis was not incompatible with morality; an aim explained by the many prejudices which were then felt against the teachings of Freud. In 1947, Dr. Odier published *Angoisse et Pensée Magique* (*Anxiety and Magic Thought*), in which he attempted to harmonize Freud's ideas with those of Jean Piaget. Among this book's merits were its many original considerations regarding problems of anxiety and the criteria of the mature ego.

Odier's last book, *L'homme esclave de son infériorité—Essai sur la Genèse du Moi* (*Man the Slave of his Inferiority: an Essay on the Genesis of the Ego*), was published in 1950. Here he paints a broad critical picture of contemporary psychology, analyzing successively the ideas of Pavlov, Jung, and Freud. Odier cleaved too closely to old conceptions of the founder of psycho-analysis and did not always do him justice when dealing with the development of the theory of the ego. Nevertheless, his account is of great help to all who seek enlightenment regarding contemporary psychology.

Finally, Dr. Odier left numerous notes for two books which he had hoped to publish had not his illness compelled him to abandon work. They were intended to deal with the *Inferiority Complex* and the *Conquest of Psychic Autonomy* (*Conquête de l'autonomie psychique*). In this latter subject he was particularly interested. It is hoped that his friends and pupils will one day publish the essentials of these notes. It was in

the midst of this period of abundant productivity that Odier was attacked by illness and extreme suffering, which he bore valiantly, always hoping, though, alas! in vain, that he would one day be able to resume his threefold activity as physician, teacher, and author.

Dr. Odier's books are often difficult reading. Broken up into too many paragraphs, they are nevertheless deeply thought out and full of pertinent remarks, of correct and original observations. His articles even more than his books give the measure of his didactic talent, his clarity, and his precision.

Odier was a remarkable teacher. He knew how to look deeply into the souls of his patients and the minds of his fellow men. He was exceptionally competent in clarifying the ideas of others, and studied them obstinately until he was certain of having plumbed their every aspect. His technique of simplification gave a special charm to his lectures.

An ardent lover of music and a talented violinist, Dr. Odier possessed an exquisite sensitivity which enabled him to perceive instantly the qualities and defects of the subject. This sensitivity was accompanied by an extremely sane intelligence, occasionally ironical, often mischievous, which gave great charm to his conversation. He was modest and respectful of the opinion of others. In his brilliant and amusing conversation he gave even more of himself than in his writings, where the desire for perfection acted as a restraint. When speaking, he went direct to the essence of the problem dealt with, knowing well how to lend attractiveness to his words. Those who knew him will not easily forget him.

Raymond de Saussure.

LIST OF THE PRINCIPAL ARTICLES BY
CHARLES ODIER

- 1910-11 'La mort par inhibition.' Thèse de Doctorat—Genève no. 338.
- 1914 'A propos d'un cas de contracture hystérique', *Archives de Psychologie*, Geneva, no. 54, May 1914: out of print.
- 1916 'Retour de la motilité et de la sensibilité après suture nerveuse dans un cas de section complète du nerf radial.' In collaboration with Souques and Mégevand (Société de Neurologie, Paris, session of 4 May, 1916).
- 1917 'Écoulement spontané de liquide céphalo-rachidien par les fosses nasales dans un cas de tumeur cérébrale.' In collaboration with Souques. *Bulletins et Mémoires de la Société médicale des Hôpitaux de Paris*, no. 19/20, 14 June, 1917.
- 'Localisation corticale circonscrite de la macula à propos d'un cas d'hémanopsie maculaire.' In collaboration with Souques. *Revue Neurologique*, Paris, no. 8/9, Aug.-Sept., 1917.
- 'Aréflexie tendineuse généralisée chez les blessés du crâne.' In collaboration with Souques. *Revue Neurologique*, Paris, April-May, 1917.
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- 1942 'Déterminisme inconscient et liberté. Hommage à Freud', *La Semaine Littéraire*, Dec., 1942.
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19th INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

GENEVA, SWITZERLAND, JULY 24—28, 1955

Preliminary Programme

SUNDAY, JULY 24th : Registration.

MONDAY, JULY 25th :

Morning . . . 9.30 a.m.

9.50 a.m.—12.30 p.m.

Afternoon . . . 2.30 p.m.—5.30 p.m.

Opening Remarks by the President, Dr. Heinz Hartmann (New York).

Four papers to the entire meeting.

Two—or possibly three—sections of five papers each. Each paper will be limited to 20 minutes. There will be time for discussion from the floor.

TUESDAY, JULY 26th :

Morning . . . 9.00 a.m.—1.00 p.m.

Discussion of *Problems of Transference.*

Chairman: Dr. Robert Waelder (Philadelphia).

Summary of Current Views. Dr. Elizabeth Zetzel (Boston). 20–30 minutes.

Discussants :

Dr. Willi Hoffer (London). 15 minutes.

Dr. Rene Spitz (New York). 15 minutes

Dr. D. W. Winnicott (London). 15 minutes.

Discussion will be continued from the floor, under the direction of the Chairman.

Afternoon . . . 3.00 p.m.—5.30 p.m.

Three sections of four papers each. Each paper limited to 15–20 minutes. Discussion from the floor.

WEDNESDAY, JULY 27th :

Morning . . . 9.00 a.m.—1.00 p.m.

Panel on *Perversions.*

Chairman : to be determined.

General Theory of Perversions. Dr. William H. Gillespie (London). 30–40 minutes.

Special Aspects of Perversion.

Aggression and Perversion. Dr. Robert C. Bak (New York).

Le Moi dans la Relation Perverse. Dr. Sacha Nacht in collaboration with Dr. R. Diatkine and Dr. J. A. Favreau (Paris).

Some Relations between Fetishism and Addiction. Dr. Phyllis Greenacre (New York).

Discussion from the floor.

Four papers to the entire meeting.

Afternoon . . . 3.00—6.00 p.m.

THURSDAY, JULY 28th :

Morning . . . 9.00 a.m.

Business Meeting of the International Psycho-Analytical Association.

ABSTRACTS

Contents:

- The Psychoanalytic Quarterly*, 23, 1953, No. 3 and No. 4.
Journal of the American Psychoanalytic Association, 2, 1954, No. 1, No. 2.
The Journal of Mental Science, 100, 1954, No. 418.

THE PSYCHOANALYTIC QUARTERLY 23, 1953, No. 3

Ida MacAlpine and Richard A. Hunter. 'The Schreber Case. A Contribution to Schizophrenia, Hypochondria and Psychomatic Symptom-Formation.'

Investigating intractable *pruritus ani* by means of psychotherapy the authors were struck by the similarity of the hypochondriacal symptoms of which their patients complained with those of Schreber. They found their origin in primitive fantasies of intestinal procreation. Though these had secondary homosexual implications for men, and carried a castration threat, they were equally incompatible with mature sexual functioning in men and women.

Schreber's memoirs are also filled with the mysteries of the origin of life—birth, death, resurrection, the migration of souls—and his extensive knowledge of these subjects from every aspect shows the unconscious determination of his thoughts before he became ill. His first psychotic experience—the hallucination of a crackling noise in the wall as though a mouse were there—was a transparent reference to parturition, and the authors show how frequent are unconscious references to periods of nine in his description and the timing of his illness. Moreover, it was his hypochondriacal symptoms, with their similarities to various myths of birth, which caused him his most acute suffering in the catatonic years when his illness was at its height.

They believe that it was Freud's desire to maintain paranoia as an independent clinical entity not necessarily related to schizophrenia which accounted for his emphasis on homosexual mechanisms as primary. Had he concentrated on the hypochondriacal symptoms he would have seen Schreber's doubt about his sex—a frequent phenomenon with schizophrenics—as necessitated by them. Freud himself admitted that no theory of paranoia could be complete which failed to explain the accompanying hypochondria. Moreover, had the hope of being turned into a woman been the most pathogenic factor it is difficult to see how Schreber could have recovered retaining this idea.

Z. Alexander Aarons. 'Effect of the Birth of a Sister on a Boy in his Fourth Year.'

It is often difficult to reconstruct the psychological effect that the birth of a sibling has in a child's life. The author therefore describes the case of a boy whose symptoms of continuously holding his penis developed six weeks after the birth of his sister, and its resolution in a short analysis, as 'further direct evidence that such an event may precipitate anxiety of psycho-pathological proportions'. He leaves open the problems of the exhaustive genesis of the anxiety and whether the treatment should have been continued.

I. Peter Glauber. 'A Deterrent in the Study and Practice of Medicine.'

The author examines the neurotic counter-transference to their patients of five doctors or medical students. Their difficulties resulted from a confluence of oedipal identifications determining their choice of profession with unsublimated part-object identifications. Typically the part-object was the breast, and ablation of the breast, representing the separation of the self from the mother, was the typical therapy. Its aim was the cathexis of the ego. The oedipal identifications could not function adequately, partly because they took the form of inhibitions, and partly because the solution of the regressive conflict was prerequisite. The abortion of the capacity for identification resulted from trauma at the narcissistic object-finding stage. It was noteworthy that in most of these patients feeding was experienced simultaneously as a libidinal gratification and as an aggressive attempt at reincorporation. The fear of reincorporation mobilized further aggression in the shape of a defensive increase in oral activity, scopophilia, and general motility, the motility being equated with the emergence of a differentiated self, or birth. In so far as identification presupposes relinquishment or transformation of aggressive energy the capacity for it was still further impeded.

This conflict of ego regression and progression was reflected in necrophilic ruminations. The reattachment of the libido to the mother was represented by the image of the clutching cold mother, projected on to inanimate nature in the form of liquids and semi-solids, e.g. quicksand, water. The other side of the conflict was represented by the image of the 'dead' mother who gives birth to, or liberates, the child, and was projected as solids, e.g. the elation of loitering amid ruins. Such projections may affect the attitude of medical

students to their 'dead' pre-clinical studies and to the cadaver, and ultimately determine whether their attitude to their patients is sublimated or neurotic.

Joseph Weiss. 'Cézanne's Technique and Scopophilia.'

The critics have adopted strangely contradictory attitudes towards Cézanne's portrayal of mass and depth. Perhaps there was an ambiguity in Cézanne's own vision to account for this. There is evidence that he suffered from a severe scopophilic conflict. The author knows of a painter whose difficulty in delineating perspective was due to a scopophilic fear, and it is therefore conceivable that its ambiguous treatment by Cézanne was also due to one. If so, then his concentration on his sensations rather than the object, his disregard of real forms, and his technique of laying on pigment in such a way as to pull the attention continually back and forth between surface and depth would all be well suited to maintain detachment in looking and thus minimize such an anxiety. Perhaps one might speculate that this technique also diminishes the observer's anxiety, enabling him to look more intensely.

Leon J. Saul. 'An Etymological Note on Love and Wish.'

The author notes the Sanskrit root of the word *Venus* in words denoting wish and gain; its sublimated forms (e.g. veneration, venial); related forms (e.g. venereal); and antithetical forms (e.g. venom) in English.

John Klauber.

THE PSYCHOANALYTIC QUARTERLY

22, 1953, No. 4

Adelaide M. Johnson. 'Factors in the Etiology of Fixations and Symptom Choice.'

Collaborative work in the simultaneous treatment of parents and children has convinced the author of the importance of the unconscious complicity of the parents in determining the level of fixation and symptom formation in the child. Fixation occurs at the point where the significant parent's regressive impulses are least successfully integrated. The parent projects his or her own guilt on to the child, thus giving it a double burden to bear, but at the same time unconsciously sanctions the expression of the guilt-laden impulse. The parent thus obtains an important vicarious satisfaction. Soon the sharing of guilt and satisfaction alike become necessary for the symbiosis of parent and child. It follows that successful treatment of the child is often impossible without treatment of the parent; while, equally, successful treatment of the child may make the treatment of the parent imperative. Johnson believes that most of the rigidly fixed symptoms of childhood are formed in the way described.

Robert Fliess. 'The Hypnotic Evasion: A Clinical Observation.'

Fliess believes that certain patients exploit the residual hypnotic characteristics of the psychoanalytic situation as a resistance. The patients he describes were all marked in ordinary life not only by a tendency to hypnotic responses but by an intense unconscious need for punishment. When they used this escape from analysis, sometimes very transitorily, it was into the first degree of hypnosis—a state often difficult to detect but accompanied by an experience of lassitude. This evasion was designed to counteract the mobilization of forbidden impulses by paralysis, and its detection was on occasion indispensable to their successful analysis. The patients' reaction to the analyst as hypnotist proves to be the ego's reaction to the superego projected upon the analyst: its metapsychology and relation to the archaic past of the species are discussed.

William Needles. 'A Note on Orgastic Loss of Consciousness.'

Freud and other analysts have spoken of a transitory loss of consciousness during intense sexual orgasm. This has therefore sometimes been construed as a criterion of complete orgasm, with implications for the aims of analysis. While agreeing that orgasm produces an *alteration* in consciousness, Needles believes that careful investigation of accounts of loss of consciousness will reveal (1) that it is a very rare phenomenon, and (2) that it may be an indication of psychopathology rather than of normality.

Henry Alden Banker. 'A Dream of an Inhibited Writer.'

The dream of this inhibited writer revealed the autarkic wish to be at the same time the suckling mother and the sucking baby, which, following Bergler, the author believes to be characteristic of writers. The patient's associations showed that writing was equated with the giving of milk, so that the inhibition of writing was due to displaced guilt at using writing to dispense with the mother. Such an autarkic repudiation of the mother represents a defence against a masochistic attachment to the pre-oedipal mother.

Melitta Sperling. 'Food Allergies and Conversion Hysteria.'

Sperling uses the analysis of a patient showing both food allergies and hysterical conversion symptoms to support three propositions.

(1) Food allergies may be the product of specific unconscious fantasies about specific items of food. Such specificity has been little stressed in psychoanalytic literature and is contrary to the usual emphasis in psychosomatic medicine on physiological responses and conscious attitudes.

(2) The outcome of a conflict in conversion is

influenced by the relation between ego strength, adequacy of repression, and the possibility of conscious control of the threatening impulse. Sperling illustrates this from the following series of reactions in the patient: (a) Before analysis, the immediate conversion of impulses into somatic symptoms without anxiety. (b) During analysis, when repressed impulses were about to emerge into consciousness, the experience of anxiety but no conversion. (c) In later analysis the patient experienced only disgust with neither anxiety nor conversion. The author suggests that the immediate somatic expression of an impulse prevents it from being acted out, and this saves the patient from the feared 'break' with reality.

(3) Anal eroticism is a specific genetic and dynamic factor in allergic conditions. The anal meaning of food was clear in this patient whose pseudo-genital satisfactions depended in fact on unconscious pregenital fantasies. Though the importance of anal eroticism in pregenital conversions has been emphasized by other writers, Sperling is doubtful if the distinction between hysterical and pregenital conversion has not been over-emphasized. She suggests that early genital stimulation and seduction may play a role in a confusion of genital objects and aims with pregenital ones.

William G. Barrett. 'Mark Twain's Osteopathic Cure.'

Late in life Mark Twain was temporarily cured of numerous long-standing ailments by osteopathic treatment. Barrett surveys his life and writings to conclude that his character was dominated by passive and masochistic reaction-formations of strong unconscious sadistic drives. His osteopathic 'cure', with its suggestion of a derivation in such passive satisfactions, is the point of departure for these observations.

William N. Evans. 'Evasive Speech as a Form of Resistance.'

Every patient has his own method of evasive speech. Evans describes a few varieties and shows how each type of evasion may be related to the context of behaviour in which it first manifested itself and how this type of evasion pervades every aspect of the patient's activities.

Joel J. Friedman. 'Psychology of the Audience in Relation to the Architecture of the Theater.'

Friedman links the increasing separation from Greek times of the actors from the audience, and the architectural developments of the theatre which accompanied it, to the increasing repression of the themes of incest and parricide which dominated Greek tragedy. This increasing repression involved the increasing individuation of the problems enacted and therefore the necessity for an increasing realism of technique. Thus the theatre of convention came to be replaced by the present theatre of

illusion. The watching by a modern audience of the outside world from the darkness of the mother's womb involves a fundamental shift in the method of alleviating basic anxieties.

John Klauber.

JOURNAL OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION 2, 1954, No. 1

Erik Homburger Erikson. 'The Dream Specimen of Psychoanalysis.'

Freud's 'Irma dream' is taken to illustrate those aspects of dream interpretation which to-day are considered essential to an exhaustive analysis. The manifest and latent dream thoughts are presented as revealed by Freud in *The Interpretation of Dreams*. Further details regarding the dreamer's current life situation are added. Emphasis is laid on the manifest content of the dream. The manifest dream is more than a useless shell to be thrown aside in favour of a more worthwhile kernel. The author postulates a style of representation in addition to the dream's striving for representability. This style is a reflection of the individual ego's peculiar time space and frame of reference for its defences, compromises and achievements. A scheme entitled 'Outline of Dream Analysis' is presented. This has four sub-headings: (1) manifest configurations; (2) links between manifest and latent dream material; (3) analysis of latent dream material; (4) reconstruction. A thorough assimilation of part one of such an inventory should allow the observer to realize that the dream life of some persons is characterized by, e.g. a greater clarity of the experience of spatial extension and motion; of others by clear somatic sensations; a rich interpersonal dream life, etc.

The 'Irma dream' is then subjected to analysis with the use of such a chart. The first item is verbal configurations. The numerous mistranslations from German to English are used to analyse further certain latent themes which are withheld in *The Interpretation of Dreams*. 'Interpersonal configurations in the Dream Population' are next studied. The dreamer's activities are initially described as intrusive, related to phallic behaviour. Later the dreamer appeals for help from higher authority with the ultimate formation of a group with a common conviction. A parallel is drawn between these interpersonal dream configurations and the religious rites of conversion or confirmation. This interpretation does not run counter to Freud's interpretation (the wish for revenge) but complements it. The id supplies the wish making the dream possible, but without appropriate ego measures the dream would fail. In sleep the healthy ego retraces its steps from earliest years. Reference is then made to psycho-social criteria which indicate the extent of this backward movement. The 'Irma dream' reflects a crisis in the life of a creative man

of middle age. The remainder of the paper is taken up with the acute and repetitive infantile conflicts which are contained in the dream with a final section devoted to 'Transference in the Irma dream'.

Stanley L. Olinick. 'Some Considerations on the Use of Questioning as a Psychoanalytic Technique.'

Questioning, though a basic therapeutic tool, has been taken for granted and given little attention as a subject for study. The judicious use of questioning may facilitate the analyst's function of free floating attention. A question may be less harmful than a blunt statement. The former avoids the definiteness and dogmatism of the latter, and suggests the possibility of a joint exploratory effort. Systematic enquiry may be regarded as a parameter or deviation from the basic model of technique (Eissler). Questioning may interfere with the transference, and this effect may not be abolished by interpretation and working through. Under ordinary circumstances questioning is self-eliminating once a relevant answer has been obtained. Extensive questioning is often due to counter-transference influences. Questioning may be resented, feared, and resisted by the patient, or it will be welcomed. The reaction will depend upon the predominant psychical constellations. Questioning is indicated in the following instances: (1) inarticulate borderline neurotics; (2) the patient in an acute state of anxiety; (3) enquiry into obsessional data; (4) with the psychotic patient, particularly the schizophrenic; (5) in the interpretation of resistance. The author takes pains to point out that questioning is only a preliminary manoeuvre and a preparation for interpretation and subsequent working through.

Karl A. Menninger. 'Psychological Aspects of the Organism Under Stress. Part 1: The Homeostatic Regulatory Function of the Ego.'

This work has been partly motivated by a dissatisfaction with current psychiatric nosologies and the conviction of the usefulness of Freudian concepts in clinical practice. The author believes that the concept of homeostasis helps to provide a better understanding of human behaviour. In general, applications of the homeostatic principle to psychology have followed biological and physical systems rather slavishly. Such a conception is too narrow. Freud utilized the concept of homeostasis as a basic principle in his metapsychology in *The Interpretation of Dreams*. Twenty-five years later in *Beyond the Pleasure Principle* he reconsidered this and advanced a more complex hypothesis. The work of von Bertalanffy is quoted and points of similarity with Freud's theories considered. Menninger conceives of homeostasis as operating at many levels of integration. In addition to its biological implications it must be seen as an index of the current balance of the life and death forces which are reconciled and bound within each new homeostatic balance of the personality system.

Five topics are discussed in relation to the homeostatic function. (1) Instinct theory; the usefulness of the life and death instinct theory is commented upon. The difficulties which biologists have in understanding the integrative versus destructive processes as expressions of instinctual trends are due to the nature of the material with which psychoanalysts and psychiatrists work. The author discusses the theoretical question whether the destructive trends are the derivatives of an instinctual drive originally self-directed. He believes that the acceptance of a destructive drive but not the death instinct undermines the basic premises upon which the hypothesis is based. (2) Ego functions; while the ego may be defined as a controlling mechanism it may also be conceived of as an organized expression and product of the constructive, synthetic impulses which characterize the life instinct. The ego has to reconcile the conflicting demands of both instincts and it can be looked upon as a cybernetic mechanism. (3) The somatic ego; it is artificial to exclude from the ego functions the needs of the body for oxygen, water, etc. The maintenance of the physio-psycho-sociological balance is the chief function of the ego. (4) Ego stresses; the ego is continually 'under fire'. It has to adjust to demands emanating from internal and external sources. If the ego is regarded as a complex homeostatic regulatory mechanism failure to adjust takes on a wider meaning. All 'illness' falls somewhere in a range of ego system decompensation. The author illustrates the regulatory function of the ego with an example of an incident which stimulates an aggressive response. (5) Normal minor emergency devices; a number of such devices are mentioned, including: (a) touch; (b) soft voices; (c) efforts to establish human contacts, etc. These devices may be sufficient to resolve tension. If the threat to the personality becomes greater the regulatory functions of the ego are increasingly strained and are forced to resort to more disadvantageous measures.

Leo Angelo Spiegel. 'Acting Out and Defensive Instinctual Gratification.'

Features from the analyses of two patients are presented to illustrate how exhibitionistic and masochistic impulses may be allowed gratification while essentially serving a defensive purpose, i.e. to avoid the narcissistic injury arising from non-fulfilment of infantile genital wishes. In both cases there was a common denominator in the affective sphere. Both patients were constantly being humiliated and betrayed. This had occurred in the past and in the present both within and outside the analysis. The transference was permeated by sadomasochistic influences. Spiegel lays emphasis on the necessity to interpret not the id derivatives now expressed regressively but the defence against the injury to narcissism. The patient must be confronted with the fact that the transference humilia-

tion arises from the failure of the analyst to reciprocate her love. Long periods of analytic work are required before this frustration can be tolerated. Only after this has been accomplished can the mechanisms of repression and displacement of the infantile genital wishes be analyzed.

James Clark Moloney. 'Mother, God and Superego.'

Mothers who are not emotionally attuned to their infants are liable to disturb the natural infantile rhythms—the need for food, warmth, and protection. This can lead to a conflict originally between the child and mother and later between the individual and his superego (the internalized mother). Sometimes this struggle is given up and the individual may experience a theophany or kenosis—a blinding flash of inspiration which seems to point the way to a resolution of inner conflicts. The individual concerned becomes an advocate of the mother's authority which he originally attempted to destroy. Theophany is an expression of the submission of the self systems (as opposed to the mother systems [superego]). This is accompanied by a regression to the period of infantile dependence on the mother. After describing a method of experimentally induced theophany used in the training of Buddhist priests the author gives an account of instances from theological history of theophany and kenotic experiences. Nearly all contain the phenomena of light and/or a sudden loud noise. Both neurotic and psychotic patients undergo experiences very similar to theophany and kenosis. Although superficially different, there is an underlying similarity between psychotic, kenotic, and theophanic phenomena. Such experiences as theophany and kenosis must be traceable to some previous occurrence. The effect of this is such as to make the individual seek an explanation which will allay his anxiety. Spiritual meanings are therefore often ascribed to these experiences. To what extent these manifestations should be considered the product of a rational or irrational mind depends on the extent to which the ego renounces its contact with reality. Theophany represents a return to the precognitive period. There is a fusion of the precognitive mother with the superego forming a powerful component of the personality. The superego is an intrusion and an extension of the precognitive diffuse mother. It thereafter has an external form and a history of its own. In theophany the self is devoured by the internalized superego-mother-breast.

Thomas Freeman.

*JOURNAL OF THE AMERICAN
PSYCHOANALYTIC ASSOCIATION*

2, 1954, No. 2

Ralph R. Greenson. 'The Struggle Against Identification.'

This paper begins by differentiating between the

concepts of incorporation, introjection, and identification. While incorporation is an oral instinctual activity which has as its aim the taking in by the mouth of a piece of the external world, introjection is the psychic phenomenon parallel to incorporation and is modelled after it. Identification is more complex than the other two. Introjection is the principal mechanism leading to identification. Introjection is an instinctual aim towards an object, while identification is a process which results after introjection has taken place. Identification influences more than the ego of the subject, it involves the entire self. The term 'self' is used here as distinct from the term 'ego'. There appear to be many different kinds of identification—e.g. total and partial. Four patients are described who introjected and identified with a hated parental figure. They tried to remain unaware of this identification. They attempted to deny any resemblance to the hated parent in behaviour or thought. Simultaneously there was a need to find new objects. This was very apparent in the transference situation. The patients were conscious of a hatred towards the parent of the same sex while the parent of the opposite sex was idealized. Throughout their lives the patients repeated behaviour more appropriate to the hated parent. Experience in no way altered this pattern. These patients were prone to disturbances of mood which were essentially due to a reactivation of old identifications. The men did not merely become angry; they were their angry fathers. They were also given to bouts of 'acting out' when they unconsciously repeated the behaviour of the consciously hated parent.

The author reviews the developmental history of the superego and points out that before the superego proper is established introjections and identifications have occurred. He refers to the presence of 'good' and 'bad' introjects which eventually fuse into a composite introject. This fusion occurs during the anal-retentive phase of libidinal development. The ego similarly demonstrates a capacity to fuse 'good' and 'bad' internal object representations. In infancy introjection and identification cannot be separated because perception implies a transformation of the self (primary identification). As the ego matures perception and introjection no longer lead automatically to identification. The author suggests that the reason why the patients struggled against an awareness of their identification with the hated internalized parent is to be found in the primitive and regressive nature of the introjection. The patients intuitively felt the sadistic nature of these early introjections. The view is advanced that there is a hierarchy of introjections, both self and object representations, which begin in infancy and continue throughout life. The earlier introjections are characterized by oral-sadistic trends, while the later introjections arise from less primitive sources. The former tend to remain isolated, while the latter tend to blend and

fuse. The patients described regressed from external object relationships and internal objects became more important. The ego had to combat these early identifications because this primitive type of identification brings with it the feeling of being devoured or a feeling of loss of identity.

Annie Reich. 'Early Identifications as Archaic Elements in the Super-Ego.'

A distinction is made between identifications with parents seen in a glorified light and identifications resulting from the breakdown of the Oedipus complex. The former represent the ego-ideal, the latter the superego. The reader is reminded that Freud's original conception of the ego-ideal was much wider than the later concept of the superego. Most frequently the superego is equated with the conscience. Superego identifications are differentiated structures within the ego, while earlier identifications are usually thought of as being completely absorbed into the ego (ego identifications which do not lead to a differentiation within the ego). The paper aims to demonstrate that early identifications do not always result in a complete integration within the ego. Early identifications may occur as an attempt to compensate for a narcissistic injury. They may result in a longing to be like the idealized parent (the ego-ideal). The ego is measured against these longings. Self-esteem depends upon the relationship between them and the ego. Depending upon the degree of ego maturity, the individual will or will not attempt in reality to fulfil the standard imposed by the ego ideal. The less developed the ego the more will these ideals express themselves by imaginary wish fulfilments—as narcissistic phantasies. This is the most primitive method of restoring wounded narcissism. The origin of accentuated narcissistic ideals appears to be twofold: (1) sudden threats to narcissism, e.g. strong castration anxiety; (2) the early identifications which are of an essentially primitive nature. The child imitates whatever momentarily attracts his attention—he is the object. The later wish to be like the object presupposes some degree of realization of the self and object as distinct entities. Normally these passing identifications develop into permanent ones. The increase in reality-awareness leads to the parental figures being divested of their grandiose, infantile aspects. A clinging to the original conception of the parental images indicates that reality testing has not developed adequately. Omnipotence can be attained for the self by identification with these parental images. In more abnormal cases normal identifications do not occur; imitative ones more appropriate to early childhood remain. Often there is little desire or insufficient ability to achieve the narcissistic ideals. Concurrently there is little capacity to tolerate tension; gratification of desires must be instantaneous. The narcissistic phantasies remain unattainable with a resulting state of dissatisfaction

characterized by feelings of inferiority and moods of depression. Two case histories are described to illustrate the points mentioned.

Edith Jacobson. 'Contribution to the Metapsychology of Psychotic Identifications.'

Jacobson suggests that the study of psychotic identifications will be furthered by a closer enquiry into the differences between normal ego and superego identifications and the corresponding mechanisms in psychosis. Ego identifications differ from early infantile identification mechanisms in that the former are realistic in so far as they result in changes within the ego, while the latter are essentially magical, based on phantasies, or the temporary belief of being one with or becoming the object, regardless of reality. In psychotic states normal object relationships disintegrate and are replaced by such pre-oedipal magic identification mechanisms. Normally these magic identifications find some expression in the ego-ideal and the superego. The core of the ego-ideal consists of idealized parental images blended with archaic, aggrandized images of the self. There is normally an awareness of this unrealistic element in the superego and this is reflected in the recognition of the discrepancies which exist between ego and superego standards. An account of a manic-depressive and a schizophrenic patient is given to illustrate that in manic depressives the magic identifications aim at and succeed in maintaining a dependence of the self on a powerful superior love object. In the schizophrenic the regressive processes go much further. The ego and superego systems deteriorate to a dangerous extent, with a dissolution of the superego and its decomposition into threatening parental figures. The need of the manic-depressive to cling on to the object at any price is shown in the tendency of the patient to treat himself as if he were the love object. The schizophrenic behaves as if he were or believes himself to be the object because of his inclination to destroy and replace the object by the self or let the self be annihilated and replaced by the object.

Sylvan Keiser. 'Orality Displaced to the Urethra.'

Three patients are described who had a compulsive need to believe themselves to be and to appear normal. This need became so dominating as to influence every sphere of life. In fact these patients suffered with numerous symptoms which they denied. In each case there was an exaggerated oral drive which spread to all the orifices including the urethra. The oral greed was replaced by a fear of anal and urethral penetration. All the three patients were found to have: (1) orally dependent mothers who had had gastrectomies for peptic ulcers; (2) fathers who were successful business men but castrating parents; (3) parents who insisted that their children deny obvious features in the environ-

ment and accept obvious falsehoods as truths. The author suggests that the urethra may serve as a locus for oral and anal needs as well as its own primary purposes. The penis may be equated with the body, the urethra assuming the significance of the mouth. The theories of Klein, Jones, and Brunswick are referred to in this connection. Denial of the existence of the urethra occurred in the patients described in order to avoid the dangers associated with the identification with the orally demanding mother with a hollow penis. The passive wish for this hollow penis to be penetrated by another penis had to be warded off. The denial is related to the first denial, that of separation from the breast. Denial was used not only against an awareness of symptoms but also to avoid knowledge of the orality of mouth, anus and urethra.

Karl A. Menninger. 'Psychological Aspects of the Organism Under Stress. Part II: Regulatory Devices of the Ego under Major Stress.'

Disease must be looked upon as a positive expression of the survival efforts of the organism. Whenever the ego is subjected to internal and external stresses of great intensity radical measures are introduced to maintain the homeostatic balance. Minor stresses are dealt with by relatively 'healthy devices', but these are inadequate in the face of major stress. The author describes five levels of stress-relieving devices which may be employed in the attempt to cope with the influx of stimulation arising from the aggressive and sexual instinctual drives or from environmental sources. Regulatory devices of the first order may be utilized in situations which overtax the ordinary or 'normal' devices. They consist essentially of exaggerations of normal functions, but are now accompanied by sensations of discomfort and unpleasantness. Amongst the most familiar are: hypersuppression, hyper-repression, hyperalertness, minor somatic dysfunctions, hyperkinesis, etc. The first order devices usually disappear once the pressure on the ego is removed. However, this is not invariable. When the first order devices fail to restore the homeostatic balance something further must be done by the ego. The ego is forced to accept a lowered level at which a new homeostatic equilibrium can be established, and it effects this by means of a second order of

regulatory devices characterized by a partial detachment from the world of reality. Amongst these second order devices are: (1) dissociation, which includes amnesia, depersonalization, syn-copes, etc.; (2) displacement, which includes prejudice, phobias, obsessions, etc.; (3) substitution of magic symbols and behaviour for more open hostility, e.g. compulsions, rituals, perverse sexuality, kleptomania, etc.; (4) substitution of self or part of self as object of displaced aggression. Regulatory devices of a third order are called into action by the emergence of uncontrollable instinctual impulses. The stress-relieving mechanisms are represented by episodic outbursts of aggressive energy which are more or less disorganized. They may take the form of homicidal or suicidal attempts, convulsions, panic attacks, etc. Fourth order devices result in the individual relinquishing his hold on reality. There is yet a fifth order of regulatory devices where the ego fails completely and self-destruction ensues. The author points out that although he has sharply differentiated one level of stress-relieving device from the other, there is in fact always some degree of overlapping.

Thomas Freeman.

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Ernest Jones. 'The Early History of Psycho-Analysis.'

This paper was read as a Maudsley Bequest Lecture before the Royal Medico-Psychological Society. Its personal, in part autobiographical approach does not lend itself easily to the formal process of abstracting and it will more profitably be read *in extenso*. From the little anecdotes starting with an experience during the author's internship and concluding with his rise to ascendancy in 'the psycho-analytic movement,' the reader will learn many facts, unknown or forgotten, about the friendly and adverse relationships between psychiatry and psycho-analysis. An evolutionist throughout, the author struggles hard to make his audience see the emergence of psycho-analysis in psychiatry in true historical perspective, quoting, for instance, Hughlings Jackson, who said: 'If you want to find out about insanity you must first find out about dreams.'

W. H.

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FRIENDLY EXPANSES—HORRID EMPTY SPACES¹

By MICHAEL BALINT, LONDON

I. INTRODUCTION

To help my readers to follow the argument of this paper in its many ramifications and side issues, I wish to start by stating the main theme in a condensed form. In studying our patients, or indeed man in general, two types emerge. I will quote a concrete instance of each of these types. The first is that of a young student, intelligent, artistic, and well-read. She always collected something, books, gramophone records, embroideries, art reproductions, and so on. People meant a great deal to her; she had friends all over the world, white and coloured, young and old, persons of high social position and simple folk. All of them had to help her in some respect or other, and all were willing to do so, at least for quite a time. This was vitally important to her, as she simply could not live alone. There constantly had to be someone, not necessarily the same person, to whom she could turn for sympathy, understanding, and help, if she came up against a difficulty—and difficulties she had in plenty. It did not matter who the person was—an ambassador of a great power or a penniless coloured student from the Gold Coast, one of our leading literary lights, an O.M., or the young secretary-typist of her professor—all had to be there in their turn to listen to her, to look after her—and they all did so. Her internal life was in harmony with the outward events; she had always recently received from someone an idea which explained practically everything. Although each such idea gave way in its turn to another, her faithfulness to the idea of the day remained the same. Obviously both people and ideas let her down time and again, but this did not change her, either in her confidence or in

her need. She needed objects, both physical and human; she simply could not live without them.

The other patient, also a young woman, a doctor, never wanted to have a home. Since her late student days she had gone from one resident post to another, feeling all her possessions to be a burden. Finally, as a generous compromise, she agreed with herself to tolerate as many personal belongings as two suitcases could hold. They were suitcases of very moderate size, because one condition of the agreement was that in an emergency she should be able to pick them up herself and walk away with them. She spoke and read about six languages, and was a voracious reader, but she had to get rid of her books one after another as they were considered as overweight. She had an uncanny power of winning people's affection, confidence, and deep gratitude; she was really a perfect listener, saying only the right word at the right time. Many people, from royalty to railway porters, from professors of medicine to laboratory stewards, called her their friend and would have done anything for her if she had but asked them. Several men asked her to marry them; she always got out of it, but remained the trusted friend of them all for life. Eventually she became a psychiatrist, and mute catatonics, silent for more than a decade, came and sat down with her to talk. She hated artificial feeding for more than one reason, and patients who had to be held down by three or four nurses every evening to be tube fed, came with her to the table and ate their meals peacefully, cursing all the other stupid people who, instead of understanding them, used force to no purpose.

¹ An abridged version of this paper was presented to the British Psycho-Analytical Society on 20 October, 1954.

Although she did not refuse social invitations, leading in fact a varied and busy social life, she was happiest when left alone, especially if she could feel that, for some days at least, no one would need her to sort out some emotional problem. She adored long walks, but hated it if anyone tried to accompany her. Early in life she had made the discovery that it is a bad bargain to be unkind to people; they would then hate her and never leave her alone. So she developed an admirable skill in dealing with people who needed her, but only so that she might be left at peace afterwards. Objects, both human and physical, were a nuisance to her, though admittedly an interesting and amusing nuisance and an ever-new challenge to her skill to which she never failed to respond. She accepted her successes with some pride and satisfaction, and then got away as painlessly and speedily as possible.

It is true that both these women were ill, even very ill. To understand and to describe the difference between them we would need many words and several phrases. And even then the difference, instead of being clearly worked out, would somehow be, as it were, explained away. Very probably, instead of giving a clear-cut picture, many words would obscure the essence of the difference. This difference will be the main topic of this paper, and I shall try to keep it right in the focus of my argument. Should my train of thought prove too tortuous for my readers, this difference may serve as a beacon of orientation.

The ideas centring round this kind of difference have been puzzling me for many years, but have proved until recently too elusive. Finally some experiences in fun fairs seemed to afford a kind of Ariadne's thread by which to find my way out of the labyrinth. In this paper I shall discuss only one class of amusements met in fun fairs. This class, consisting of swings, switchbacks, and roundabouts, is connected with some temporary loss of equilibrium, that is, a temporary and limited loss of security.

In general two attitudes towards these amusements can be observed. One type of person enjoys them immensely, seeks them out, and is willing to pay for them. The other type hates and fears them; they may even make him sick.

Reactions to such impairment of security, or in fact to any danger to physical security, are likewise of two different kinds. One type of person is stimulated by any impairment of security to the acquisition of new skills for coping

with that particular form of impairment. People belonging to this group keep their eyes open, try to face the oncoming danger, and watch for possible clues to overcome it. People of the other group tend to turn away, shut their eyes, and, with increasing impairment, to cling to a firm and safe object. First they use their hands, later they have to crouch or sit down, and finally to press their whole body against whatever such object is available.

In those who can enjoy this kind of amusement we can study what might be called a three-act drama. To begin with they are in a state of security which, however, in the second act, is deliberately and intentionally abandoned, in order that they may be exposed to hazards, whilst all the time feeling confident that in the third act they will be able to return to safety unharmed.

This mixture of fear, pleasure, and hopeful confidence in face of an externally dangerous situation constitutes the principal element of all thrills.

Let us briefly examine in what way other thrills resemble those offered in fun fairs. Some are connected with *high speed*, as in all kinds of racing, horse racing, motor racing, skating, skiing, tobogganning, sailing, flying, and so on. Others are connected with *exposed situations*, such as various forms of jumping and diving, rock climbing, taming wild animals, travelling into unknown lands, etc. Lastly, there is a group of thrills which are connected with *unfamiliar* or even *completely new satisfactions*, in the form either of a new object or of an unfamiliar method of pleasure. The obvious new object is a virgin, and it is amazing how many of the thrills claim this adjective. We speak of virgin land, a virgin peak, or a virginal route to a peak, and so on. On the whole any new sexual partner is a thrill, especially if he or she belongs to another race, colour, or creed. The new forms of pleasure include among others new foods, new clothes, new customs, and extend to new forms of 'perverse' sexual activities. In all these phenomena we find the same three factors described above, the objective external danger giving rise to fear, the voluntary and deliberate exposure of oneself to it, and the confident hope that all will turn out well in the end.

The third group of thrills, much more primitive and general but no less important, is made up of the various forms of children's games. The majority of them are built on the same

three factors. A typical example must suffice for innumerable others—Tom Tiddler's Ground. It is most significant that in practically all games of this kind the place of security is called either 'house' or 'home'. This holds good not only in English but for all the languages known to me. All these games consist of (a) an external danger, represented by the catcher, the seeker, the chaser; (b) the other players leaving the zone of security, the 'home', and deliberately accepting the exposure to danger; in (c) the confident hope that somehow or other they will reach security again. There are innumerable games of this kind; blind man's buff, hide and seek, tig, rounders, musical chairs, oranges and lemons, to quote a few, and not forgetting cricket, where on the whole runs can be scored only by leaving the safe zone.

Lastly we have the professionals, who are paid for the skill which causes thrills to the spectators and possibly to themselves also. They are called *acrobats*. They belong to a very venerable profession already represented on old Greek vases and possibly even on frescoes found at Knossos, and dating back to 1600 B.C. Their performances are amazingly varied, some forms of them of great antiquity, seen and admired in the Roman circus, among others tight-rope walkers (*funambuli*), bareback riders (*desultores*), tumblers, jugglers, and possibly contortionists, etc. In more modern times they have mastered the fixed and the flying trapeze, the unsupported ladder, and so on.

The psychology of these thrills has not been studied to any extent, and it is no wonder, therefore, that our terminology, based mainly on early 'oral' experiences, is found badly lacking when we attempt to describe these phenomena. In order to be able to discuss them I propose to coin two new terms. Greek scholars among my readers will know that 'acrobat' means literally 'one who walks on his toes', i.e. away from the safe earth. Taking this word as my model I shall use 'philobat' to describe one who enjoys such thrills, from which can easily be formed the adjective 'philobatic' to describe the pleasures and activities, and the abstract noun 'philobatism' to refer to the whole field. We need another term to describe the apparent opposite of a philobat, one who cannot stand swings and switchbacks, who prefers to clutch at something firm when his

security is in any way endangered. For this I propose 'ocnophil', derived from the Greek word *ὀκνέω*, meaning 'to shrink, to hesitate, to hang back'. Hence we get the adjective 'ocnophilic' and the abstract noun 'ocnophilia'.²

Let us now sum up briefly the attitudes of these two kinds of people. The philobat is alone, relying on his own resources. The thrill that he himself or those who watch him experience is the greater (a) the longer his exposure, (b) the more tenuous his connexion with the safety zone which, in the ultimate analysis, is the safe earth, and (c) the less the equipment he uses to cope with the danger.

It is easy to show that both the safety zone and the equipment, which, by the way, he usually holds in his hands, are symbolical equivalents of the safe mother on the one hand and of the potent, erect phallus on the other. It is equally easy to show that in this layer of the mind the philobatic thrill is the symbolic representation of the primal scene and the forbidden incest. In any case it is definitely a heroic act.

Further, the emotional attitude of the philobat to the safety zone, i.e. to mother earth, is always highly ambivalent. On the one hand it offers him the embracing peace of security. On the other it exerts on him a highly dangerous attraction, both physically and psychologically, which must be constantly watched because giving in to it lightly will almost certainly lead to dire consequences.

The ocnophil's attitude is equally ambivalent. If in danger, his firm and protective object is all important. All the time, however, the ocnophil has to struggle with the fear that that object might fail him. It might either turn out not to be safe and firm enough, or might indifferently or even maliciously drop or abandon him. His clinging is therefore both an expression of this kind of fear and a defence against it.

To avoid misunderstanding I wish to stress two points. One is that these two attitudes, ocnophilia and philobatism, are not confined to the external physical world. People show the same kinds of attitudes towards their internal objects and internal mental dangers. I have decided to discuss the physical sphere only because it is much easier to find language to describe it. Everything that I have said and

² I wish to express my gratitude to David Eichholz of Bristol University who, greatly amused by my efforts to

find suitable words for my ideas, helped me to devise these two terms.

shall say should be understood as including both mental philobatism, and mental ocnophilia as well. The second point is that in my discussion I have used extreme cases which, of course, are rare. In most people we find a mixture of these two attitudes in various proportions, one attitude often being used to over-compensate or mitigate the other.

Now a few words about the ocnophil's and the philobat's relation to objects, both external and internal, the kinds of fears and anxieties encountered, and the methods of coping with them.

First let us take ocnophilia, where some object relation is unconditional and the involvement of fear obvious. This state of affairs is admirably expressed by the Greek word *ὀκνέω* which I have chosen to describe it. Its meaning is 'to cling to, to shrink, to hesitate, to hang back', with the implicit meaning that this happens because of fear, shame, or pity. Obviously there must be an object available which can be clung to. Accordingly the ocnophilic world consists of objects, separated by horrid empty spaces. The ocnophilic individual lives from object to object, cutting his sojourns in the empty spaces as short as possible. Fear is provoked by leaving the objects, and allayed by rejoining them.

The actual relation to the objects is very primitive. Quite often we find obvious signs that the relation affects only the part that is clung to, and does not necessarily include the whole object. 'A drowning man will clutch at a straw' admirably describes this attitude, and it is well worth noting that this proverb is truly international. The reaction of an ocnophilic man in the face of fear shows perhaps most clearly the persistence of part objects in an adult. As in every case of really primitive object relationship, there are to be found in the relations to ocnophilic objects all the features described as characteristic of primary love.³

The demand for the object is absolute. If the need is felt, the object must needs be there; moreover in the state of need no regard, consideration, or concern can be paid to the object; it is simply taken for granted. In other words, this means that the relation to this, ocnophilic, object is definitely pre-depressive.

For the philobat, the whole world is quite different. Provided the elements are not too cruel, e.g. no storm or gale is raging, the pilot is quite safe in the skies, the sailor on the high

seas, the skier on the slopes, the driver on the open road, the parachutist in the air. Danger and fear are evoked only if an object appears that has to be negotiated; the pilot has to take off or land; the sailor has to take his ship into or out of harbour; the skier has to negotiate rocks, trees, or crevasses; the driver other cars or pedestrians on the road; the parachutist has to jump off or land. We may therefore say that the philobatic world consists of friendly expanses dotted more or less densely with dangerous and unpredictable objects. One lives in the friendly expanses, carefully avoiding hazardous contacts with potentially dangerous objects. Whereas the ocnophilic world is structured by physical proximity and touch, the philobatic world is structured by safe distance and sight.

Whereas the ocnophil lives in the illusion that as long as he is in touch with the safe object he is himself safe, the philobat's illusion is that apart from his own proper equipment he needs no object, certainly no one particular object. The ocnophil is confident that his chosen object will 'click in' with him and protect him against the empty, unfamiliar, and possibly dangerous world; the philobat feels that using his equipment he can certainly cope with any situation; the world as a whole will 'click in' and he will be able to avoid the treacherous objects. While the ocnophil has to presume that he can win the favour and partiality of his object, the philobat feels that it is within his power to conquer 'the world' without relying on untrustworthy individual objects. On this point he is perhaps unduly optimistic, confident, and trusting, both with regard to the clemency of the elements and the extent of his own skill. His optimism is limited only by his need, an almost compelling need, to watch the world around him; a need, it is true, leading to a great variety of pleasures. As already mentioned, the philobatic world is structured by safe distance and sight. This need to watch is a true counterpart of the ocnophil's compelling need to touch.

The relation of these two attitudes to reality testing is also rather peculiar. In a way their reality testing is both correct and faulty at the same time. For instance, they both agree that roundabouts or precipices belong to the external world and are real objects, not hallucinations. So far both are right. But for the ocnophil roundabouts and precipices are horrid, for the philobat enjoyable and thrilling. Their experi-

³ See my book, *Primary Love and Psycho-Analytic Technique*. (London: Hogarth Press, 1952.)

ences in this field are absolutely convincing, and if they repeat the experiences they invariably come to the same result, namely that roundabouts are horrid for the ocnophil, and enjoyable for the philobat. The dynamic mechanism of this faulty reality testing is the mixing up of internal and external realities, and then the projecting the internal reality on to the object. The pattern is something like this: 'I feel thrilled—high diving boards are enjoyable and thrilling.' 'I feel frightened or even sick—precipices are horrid.'⁴

II. FLYING DREAMS AND THE DREAM SCREEN

I wish to emphasize that up to this point only experiences with grown-ups have been used. This means that all the observations on which my arguments were based can be easily verified or refuted in analytic practice. It is only at this point that I have to go farther and use my findings to infer from them what might happen in pre-verbal periods, that is in early childhood and in deeply regressed states.

This is a more uncertain, more controversial, field, as we all know. The cause of this uncertainty is the dependence of the subject, baby or patient, on his environment, that is on the observer. In both situations—earliest childhood, highly regressed patient—the dependence on the environment is an essential factor, and if we were to try to avoid or overcome it we should destroy exactly what we set out to observe. Conversely it means that a highly important constituent of what we observe is our own contribution. Moreover, the younger the baby, or the more regressed the patient, the more important we are for him, and the greater will be the influence of our emotional attitude, of our theoretical expectations as to what will happen in these highly dependent states. An awkward enough situation, which is made still more awkward by the fact that the most important part of our contribution must inevitably come from our own unconscious. Being scientifically detached or consciously controlled may thwart, by the lack of emotional spontaneity, the development of the very thing we want

to observe; on the other hand, being led by our unconscious expectations and not keeping an eye on our repressed instinctual urges, which might easily get stirred up by someone so completely dependent on us, we may be induced to find confirmations by creating them ourselves.

In addition, the young baby and the regressed patient live in a pre-verbal state, and thus we, who set out to be emotionally uninvolved scientific observers, become not only participants and partners, but also interpreter-informants, and finally translators. This too is an unavoidable complication, as pre-verbal experiences form the main interests of these situations. It is we who have to translate into adult, scientifically exact words emotional expressions which have not yet settled down to a conventional vocabulary or to an easily recognizable grammar. By vocabulary I mean the set of technical terms familiar to the observer, and by grammar the mental mechanisms which, according to his theory, regulate and explain those primitive processes. Obviously very few technical terms or theoretical explanations will be used in the nursery or in the analyst's consulting room, perhaps even none at all; still, every utterance, communication, sign of understanding or of lack of understanding on the observer's part, will be influenced by this kind of vocabulary and grammar—just as our speech and thinking is determined by our mother tongue.

Inevitably both the vocabulary and the grammar used to describe the experiences in these states will be our own. Anyone who has tried to express in one adult language ideas conceived in another knows how much gets lost from, and how much has to be added to, the original in order to make it understandable in its second garb. The more emotionally charged the communication, the more difficult the translation becomes, as is convincingly demonstrated by the well-nigh impossibility of translating true lyric poetry. Now experiences in pre-verbal states, either infantile or regressed, are, of necessity, highly emotionally charged and—to make things still more difficult—have as yet not even been expressed in any adult language.

⁴ I wish to record my great indebtedness to three authors whose work is most important for the ideas expressed in this paper. Sándor Ferenczi, and especially his mostly misunderstood and still not fully recognized book, *Thalassa* (German original, 1924; English translation, The Psychoanalytic Quarterly Inc., 1937), opened for me the great possibilities of 'bio-analysis' and suggested the idea of the 'friendly expanses' as the most primitive form of relationship to the environment. Then comes Alice Balint's paper on 'Mother Love and Love for the

Mother' (*Int. J. Psycho-Anal.*, 30, 1949; German original, *Int. Z. f. Psa.*, 24, 1939), one of the most important contributions to our understanding of the mother-child relation, and her forgotten short paper on 'The Fear of being Dropped' (*Z. f. psa. Paed.*, 7, 1933). And lastly, Imre Hermann, who in several papers (e.g. *Int. Z. f. Psa.*, 22, 1936; 26, 1941) called our attention to the crucial rôle of the hands and of clinging in the development of human relations.

And lastly, in addition to our being participating partners, interpreter-informers and translators, we end up by becoming equally inevitably teachers and educators as well. Both the baby and the regressed patient in the end have no choice but to learn to speak the language—i.e. vocabulary and grammar—of the adult on whom they are dependent, the baby for his life, the regressed patient for his restoration.

To show the difficulties facing a research worker studying the phenomena of these primitive states, and how much his own personality will influence the ways in which he describes his experiences, may I quote Freud and the history of the flying dreams. Freud is still unsurpassed as a source of information for personal involvement. After innumerable similar experiences it is still profoundly moving to encounter again and again his apparently merciless scientific honesty and unlimited sincerity. From his descriptions we can see clearly what it was that he observed and what motives led him to describe it in that particular way.

As early as the first edition of his *Interpretation of Dreams* Freud mentioned that a number of people have dreams of flying through the air. He called these dreams 'Flugträume'. This description is rather misleading, as in such dreams no effort at all is experienced; the locomotion happens with the greatest of ease, in a most pleasant form, and immediately any wish for it is experienced. A better description would be 'floating dreams', as the experience of weight to be carried, to be moved, is completely or almost completely absent. Freud classed these dreams among the typical dreams which 'presumably arise from the same sources in every case' (p. 241).⁵ This common source, according to Freud, is to be found in childhood games 'involving movements which are extraordinarily attractive to children' (*op. cit.*, p. 393). In later editions to this source were added the sensations of erection and memories of the primal scene (*op. cit.*, p. 272). Although it was Freud who first pointed out that water in dreams symbolically represents birth and intra-uterine existence, he never—as far as I know—related flying dreams and intra-uterine existence to each other.

Characteristically, he recorded frankly that

he personally had no experience of such dreams, a fact which we now might possibly bring into connexion with his well-known slight anxiety neurosis, especially his 'Reisefieber'. This lack of direct experience might contribute also to the explanation of the curious history of the passages describing these dreams in the subsequent editions of the *Interpretation of Dreams*. First they were printed in Chapter V, Section D; then, after some additions, transferred to Chapter VI, Section E; and lastly, since the 1930 edition, in both places, although in somewhat different forms. (See *op. cit.*, pp. xiii and 271, Editor's notes.)

A further important point is that although in 1930—for the last time—Freud revised the whole book and especially Chapters V and VI, he did not consider it necessary to mention the ideas published in Ferenczi's *Thalassa*⁶ in 1924, which threw new light on the 'Flugträume', although on every other point of the book Freud conscientiously recorded every important new contribution made by analysts.

Perhaps we can obtain some enlightenment on why all this happened from Freud's personal attitude to the 'oceanic' feeling which he described in 1928. Relating it to a suggestion by Romain Rolland, Freud wrote: 'This consists in a peculiar feeling, which never leaves him (i.e. Romain Rolland) personally, which he finds shared by many others, and which he may suppose millions more also experience. It is a feeling which he would like to call a sensation of 'eternity', a feeling as of something limitless, unbounded, something 'oceanic'. It is, he says, a purely subjective experience, not an article of belief' (p. 8).⁷ Freud adds that he cannot discover this oceanic feeling in himself, but then tries to describe it somewhat ironically in his own words: 'If I have understood my friend aright he means the same thing as that consolation offered by an original and somewhat unconventional writer to his hero, contemplating suicide: "Out of this world we cannot fall."⁸ So it is a feeling of indissoluble connexion, of belonging inseparably to the external world as a whole.' (p. 9).

Freud proposes a theory to explain why this feeling may persist in many people throughout their lives. Although in normal adults the ego

⁵ This and the following quotations are from S. Freud, *Standard Edition*, Vols. IV and V. (London: Hogarth Press, 1953.)

⁶ New York: *Psa. Quarterly*, 1938. German original, 1924.

⁷ This and the following quotations from S. Freud: *Civilisation and its Discontents*. (London: Hogarth Press, 1930.)

⁸ Christian Grabbe: *Hannibal*: 'Ja, aus der Welt werden wir nicht fallen. Wir sind einmal darin.'

is felt as having clear boundaries both inwards and outwards, this is not quite true. Inwards the boundary towards the id is anything but clear, and there are many conditions both physiological and pathological in which the external boundary tends to become uncertain or even to disappear. Freud quotes, as a physiological example, the state of being in love, which, at its height, 'threatens to obliterate the boundaries between ego and object. Against all the evidence of his senses the man in love declares that he and his beloved are one, and is prepared to behave as if it were a fact' (pp. 10 and 11). He then concludes: 'Originally the ego includes everything, later it detaches itself from the external world. The ego-feeling we are aware of now is thus only a shrunken vestige of a far more extensive feeling—a feeling which embraced the universe and expressed an inseparable connexion of the ego with the external world. If we may suppose that this primary ego-feeling has been preserved in the minds of many people—to a greater or lesser extent—it would co-exist like a sort of counterpart with the narrower and more sharply outlined ego-feeling of maturity, and the ideational content belonging to it would be precisely the notion of limitless extension and oneness with the universe—the same feeling as that described by my friend as "oceanic"' (pp. 13 and 14). Freud traces this feeling of 'oneness with the universe' back to the baby at his mother's breast, but apparently considers it in an adult as an out-of-date remnant which should really be recognized as such and relegated from the present adult world to the memories of the infantile past. I think this demand is rather exacting. We get a hint of why Freud had to adopt such an exacting attitude towards this kind of experience when we follow his argument in the first chapter of *Civilisation and its Discontents*. At one point he derives the oceanic feeling from the situation of the baby in its mother's arms (p. 12), at another from the child's need for his father's protection (p. 21). It is not far-fetched to see in this vacillation the working of a strong ambivalence conflict which explains why the whole idea had to be minimized and pushed out of focus and also why Freud was not able to settle the symbolism of the *Flugträume* in the various editions of his *Interpretation of Dreams*. Nowadays I think it will be accepted as self-evident that the flying dreams and the oceanic feeling are to be regarded as repetition either of the very early mother-child relationship or of the still

earlier intra-uterine existence, during which we were really one with our universe and were really floating in the amniotic fluid, having practically no weight to carry.

Of course I was very pleased to note that when discussing the flying dreams and the oceanic feeling Freud mentioned all the instances—except one—that build up my theory of primary love. These are: the baby in its mother's arms, being in love, floating, feeling of oneness with the universe. The one that he disregarded is clinical experience with highly regressed patients, a topic he never much liked and one to which we shall return presently. Before doing so I wish first to round off the history of the floating dreams.

It was Ferenczi who made the next step in the interpretation of these dreams, in his *Thalassa* (op. cit.). He used the floating dreams, the well-known symbolism of water, the symbolical identity of baby and penis, and the feeling of oneness with one's environment, together as the starting-point of his phylogenetic theory of coitus. If we accept all these suggestions, then the three states: the child safely held in its mother's arms, the intra-uterine and the thalassal existence, are to be considered as symbolically identical; the friendly expanses of my theory are then but wish-fulfilling memories of these states; conversely these states activate a strong attraction for regression, and the ideational content of this tendency to regress is the concept of the friendly expanses, or—after repression and with a negative sign—that of the horrid empty spaces.

In support of the statement that the relation to concrete particular objects is secondary to an overriding, more primitive, relationship to an overriding, more primitive, relationship to the undifferentiated friendly expanses, arguments can be brought also from physiological optics. When one shuts one's eyes, one experiences something roughly hemispherical, surrounding one safely, the colour of which is grey if the intensity of light impinging on the eyelids is slight, or pink if the intensity is considerable. This eye-grey or eye-pink, as it is called in physiological optics, is at a distance from us, but it is impossible to state with certainty whether it is outside or inside us or, in fact, whether it is nearer or farther away than any given object. To my mind the eye-grey or eye-pink is a clear instance of the friendly expanses, their harmony as yet undisturbed by any object, or, in other words: although there are no objects in it, it is not a 'horrid empty space',

it is friendly. Recently Bertram Lewin⁹ published very interesting ideas on the dream screen, which is doubtless a counterpart in the dreaming state of the eye-grey when awake. (It should perhaps be mentioned that because the intensity of light striking the lids is minimal during sleep, most dreams are grey in grey; coloured dreams are exceptional, the most frequent colour being red, corresponding to the eye-pink.) Biassed by our prevailing theories, Lewin accepted one of its determinants as a complete explanation and identified the dream screen with the mother's breast. This explanation, although unassailable, is not the whole truth if viewed from the point of view of the friendly expanses as advocated in this paper.

III. THE CHRONOLOGY OF OCNOPHILIA AND PHILOBATISM

Bearing in mind the uncertainties inherent in any verbal description of these primitive states, especially of early infancy, let us now return to our main topic. What we have now to discuss are two interrelated questions. The one asks what are the mechanisms enabling the philobat and the ocnophil to distort their reality testing so as to be able to stick to their respective pictures of the world despite the everyday experience that the opposite type feels just the contrary. The related question is, which of the two pictures of the world is chronologically the earlier, i.e. which developed out of which. The third question, which of the two pictures is the correct one, belongs to metaphysics, and need not be considered here.

At first thought one would say that the ocnophilic world is the earlier of the two. We find that clinging to objects which represent the mother is understandable, simple, and entails hardly any, or only very primitive, reality testing. Moreover there is no need to rely on oneself; one accepts every not impossible object as representing the safe, good mother, and shies away from the horrid empty spaces where there is no good mother. The apparent primitiveness of this situation should not deter us from examining it in detail. Clinging presupposes the discovery, however dimly, of objects which are firm and resistant. Very likely at first they are only parts which, however, must be preserved at all costs as they have a tendency to disappear, to abandon or to drop one. Clinging

is therefore both an expression of an anxiety and an attempt to prevent its outbreak. Thus the ocnophilic world appears to be another instance of the impotent omnipotence,¹⁰ a fantasy mobilized to save some scanty remnants of the earlier state of primary love. After the traumatic experience that objects, especially the good mother, might drop him, the clinging child accepts the fact that vitally important but inscrutable objects do exist outside him; but he pretends—in his impotent omnipotence—that they will never leave him if only he can attach himself indissolubly to them. His reality testing does not compel him to acquire much personal skill apart from an efficient way of clinging and perhaps—although later in adult life this is hardly ever openly admitted—a costly method for being humbly accepted by his objects as a kind of clinging parasite.

The apparently primitive situation of clinging is not so simple after all. There is still another complicating factor present. This is that by clinging one gets farther and farther away from the satisfaction of the original need, which was to be held safely. The profoundly tragic situation is that the more efficiently one clings, the less one is held by the object. (This ever-repeated experience during analytic treatment had a large share in building up our theories of ambivalence and frustration.) There are in the main two ways in which the ocnophil copes with this insoluble problem. Both of these make use of magical thinking. One method is for the ocnophil to project himself into the object and to pretend that he himself is now as safely held as he can hold on to his object. This mechanism may explain a number of queer attitudes towards one's cherished possessions. The second and perhaps somewhat later method is for the ocnophil to introject his object, thus reassuring himself by this magical self-deception that his object can now never leave him, as it is inside him.

Roth these methods are, of course, mere magic acts which change only one's internal world and have no effect on external reality. In fact the whole ocnophilic sphere is largely based on this kind of magical thinking, which equips the objects with fantastic qualities, pretending that some are extremely good, benign, and helpful, and others, or even the same ones, are extremely bad, malicious, and hostile. Seen

⁹ *Psychology of Elation*.

¹⁰ See 'Love and Hate' in my book *Primary Love and Psycho-Analytic Technique*.

from this angle, ocnophilic thinking is primitive, certainly more primitive than the sentiments described by the terms 'concern', 'regard', and 'consideration', and especially by 'looking after'.¹¹ Perhaps this more primitive nature of the whole ocnophilic attitude is the reason that, so far as I know, no language has words to describe it.

In this ocnophilic world, as distinct from the world of concern, regard, etc., objects are only dimly perceived as real whole objects, i.e. as separate from me, because if they were separate they could drop or leave me, which in this state would be a truly major traumatic disaster. Perhaps the fact that we have no words by which to name these states is a kind of avoidance magic; what cannot be described in words cannot change, but must remain the same for ever. This is the case with God's name in Hebrew, of which only the consonants are known, but not the vowels.

In the same way as at first glance the ocnophilic attitude impressed us as very primitive, the philobatic appears highly developed. In a superficial way this impression is correct: The philobat has accepted reality, i.e. the separate existence of objects. Moreover he is trying—to use two beautiful common English phrases—to see the world 'in true perspective', 'in the correct proportions', all of which is much more than an ocnophil need do. And lastly, the philobat can feel 'concern' for objects that are at a distance from him, can occasionally even 'look after' them or is able to avoid them if he 'considers' them as hazards. Both these functions—concern for good, avoidance of hazardous, objects—need skill.

I shall now try to describe what I mean by this skill, which signifies in the first instance the ability to deal with real external situations, i.e. a kind of adaptability to reality. Perhaps the first condition for acquiring this ability is an emotional acceptance of the depression caused by the realization that objects are separate from and independent of me. As we all know, magic

is not reality; it is wish-fulfilment irrespective of reality. The change from fantastic magic to testing the reality is the second step in adaptation to reality, some phases of which I have described in my paper on reality testing.¹²

The third aspect of this adaptation is finding a roundabout way of gratifying the original need. Here various possibilities offer themselves. One is what I have described¹³ as active love or as conquering the object, i.e. changing it from an indifferent and unconcerned object into a co-operative partner. The various object-related instincts demand a varying degree of collaboration from the partner, e.g. oral and anal instincts demand less; genital instinct—especially in its most highly developed, most complicated, form, genital love—demands a collaboration from the object amounting to an almost complete identification with the subject.

Another form of these roundabout ways is conquering oneself. This leads to various narcissistic attitudes and autoerotic gratifications. A third form is sublimation. This means the creation, in place of our faithless original objects, of new ones, or the acceptance as objects for our love and hate of things that have but little in common with our original ones. In some forms of this sublimation the self is taken as object, as happens in dancing, acting, etc.

Apart from internal processes, all these activities or attitudes—active love, conquering oneself, sublimation—presuppose the acquisition of personal skills, which conversely means a high degree of reality-testing and especially a continuous, searching self-criticism. In highly philobatic situations this never-relaxing self-criticism is literally vitally necessary, because the penalty for failure may be severe injury or even death. But even under less stringent conditions any 'false step' may have dire consequences.

This personal skill is the essence of philobatism; no philobatism without skill. The ultimate aim of the philobat, however, is to master the task so completely and with such ease that the

¹¹ All these emotional attitudes described as regard, consideration, concern, and looking after, obviously belong to the post-depressive phase, but they all have a close connexion also with distance and sight. The three synonymous words, 'concern', 'consideration', 'regard', came from Norman-French into English and were already well established and widely used in the fifteenth century. It is remarkable that in their original meaning they all describe a state of intense looking at an object. The same is true of the corresponding words in German (*Rücksicht*) and Hungarian (*tekintet*).

The French equivalent of these three synonymous

words is rather difficult to find; perhaps 'égards' comes nearest to them, in that on the one hand it is made up of 'garder', i.e. 'to guard, to watch, to look out', and on the other hand it contains also the preposition 'é', corresponding to the Latin 'ex', signifying distance. In the same way two of the three synonymous English words, 'concern' and 'consideration', contain the preposition 'con', meaning 'taking together', diminishing the distance.

¹² *Brit. J. Med. Psych.*, 19, 201 (1942).

¹³ See 'Genital Love' in my book *Primary Love and Psycho-Analytic Technique*, op. cit.

skill should no longer require any effort. I think, viewing the philobat's achievement from this angle, that his is a case of the return of the repressed. After this consummate skill has been attained, reality may change into a kind of fairyland where things happen as desired, apparently demanding hardly any, or even no, effort from the philobat.

Some people will perhaps still remember the masterly Rastelli, who put up his little finger and any ball thrown at him just stopped as a matter of course at the tip of his finger. It made no difference whether it was he, his assistant, or someone from the stalls, or someone from the gallery, who threw the ball; the ball stopped where Rastelli wanted it to, on the tip of his nose, on his shoulder, on his heel, in the middle of his back, or on the end of a stick which he held between his teeth. As seen on the stage, in the magic fairyland created by his exquisite skill, for Rastelli the balls were no longer separate entities; they flew where he wanted them to go and stopped where he wanted them to be.

What Rastelli achieved in an exquisite way in his world on the stage is achieved in a modest way by every philobat in his field. This kind of apparently effortless accomplishment which we admire in figure skaters, in dancers, in actors, musicians, high-board divers, and so on, is also our own aim in our limited spheres of, say, driving a car, of ballroom dancing, or even merely of proper society manners.

To change the field, a similar fairyland of apparently effortless achievements may develop in a harmonious love relation based on far-reaching mutual genital identifications. The partners are there for each other when, where, and how they are wanted. The precondition of this high standard of achievement, both in physical reality and in love, is the acquisition of skill. The aim of this consummate skill is to re-create in reality some of the harmony that existed before the discovery of separate objects, the harmony of the friendly expanses holding and embracing one safely.

So far, so good; but the philobat's behaviour in his 'friendly expanses' is highly suspect of being unjustifiably and primitively confident, in the same way as the ocnophil's behaviour was towards his objects. The philobat apparently firmly believes that his skill will be sufficient to cope with all hazards and dangers, and that everything will turn out all right in the end. It is up to him to conquer the world, but he is confident that his skill will be sufficient and that

the world will not mind being conquered, will 'click in' with him.

The philobatic world therefore is yet another example of not fully justified omnipotence, based again on regression. In this case, however, the regression seems to go further back than the existence of separate, individual objects. By using extrapolation we may infer that this world is that of a structureless, primitive state, where there are as yet no, or only very few and unimportant, unpredictable objects, a world which consists only of kindly substances, constituting the friendly expanses. This attitude is possibly the most primitive form of relation to the world, and perhaps may be represented, from the point of view of an outside observer, by the mother safely holding her baby, or—if we accept parallels from onto- and phylogenesis—as our ancestors in phylogenesis were safely held by the sea, or as we ourselves in our ontogenetic past were held by the amniotic fluid in our mother's womb. The philobat regresses in his fantasy to this conception of the world. He firmly believes that the friendly expanses will encompass him safely, just as he was held before the appearance of the untrustworthy and treacherous objects.

In order to be able to indulge in this fantasy, however, he must acquire a very high degree of personal skill, and must submit his performance to incessant, exacting reality-testing and to searching self-criticism. Perhaps the first such physical skill, and certainly the prototype for all the later ones, is the erect gait as distinct from crawling on all fours. It has in itself in rudimentary forms all the elements of later thrills; letting go of the object, entering the spaces between objects, raising oneself away both from mother and from the safe earth, maintaining only precarious contact with the latter through the soles of one's feet, and above all developing a fine co-ordination for keeping equilibrium. As everyday experience shows, this is rather a difficult task for most children, and it is only after several months of experimenting and constant practice that they develop from crawling to waddling, from waddling to proper walking. It is easy to observe that in the first stages of learning to walk they throw themselves from object to object, cutting their sojourn in the unsafe empty spaces as short as possible, that is to say, behaving in a truly ocnophilic way. It is only when they have acquired some proficiency that they can enjoy the friendly expanses, i.e. can regress by progression.

The philobatic conception of the world is thus a queer mixture indeed. One component of this mixture is an exacting adaptation to external reality, requiring sustained effort, painstaking attention to details, and above all, searching self-criticism. The other component is self-abandonment to a somewhat unrealistic fantasy, presuming friendliness where in fact only indifference exists. The underlying fantasy probably is that the whole world, apart from the few accidental hazards, is a kind of loving mother holding her child safely in her arms or, phylogenetically, the structureless sea, offering the same friendly environment in limitless expanses.

IV. PROGRESSION FOR THE SAKE OF REGRESSION

This mixture could be called regression by progression, or progression for the sake of regression. The progression is the acquisition of the consummate skill necessary for dealing with reality. The aim of this progression, of the acquisition of the skill by unrelenting effort and self-criticism, is to enable one to regress to the state which may be described as in a way forgetting altogether about the world around oneself; enjoying the harmony between oneself and one's environment. This state is obviously a denial of any separate existence. It may correctly be described—in a somewhat complicated way—as a simultaneous introjective identification with the partner and projective identification of the partner with oneself. But at the same time it is obviously also a regression to the state of primary love, to the undisturbed harmony, to the complete identity of subject and object. Lastly, it is equally a progression to the acquisition of a skill in order to induce the object or even the whole actual world to accept the rôle of a co-operative partner.

The ocnophil's regression by magic, i.e. imagining the harmony, is also a primitive adaptation: equally acceptance and denial of the fact of separate existence, and dealing with it by primitive means but without enabling one to regress to the desired situation, except in fantasy. Philobatic progression for the sake of regression, although it demands the acquisition of a consummate skill, enables one to regress to this early state of harmonious identity, not only in fantasy but also to a great extent in reality.

From another point of view the ocnophil deals with a traumatic situation by autoplasic means, i.e. he changes himself; instead of being held, he holds. Later a further step of autoplasic adaptation leads him to introject the object in

order to prevent the ever-threatening danger of being dropped. In a way the philobat starts also with autoplasic adaptation, he changes himself while acquiring his skill, but then proceeds to use it for changing the world, especially some of his objects, into co-operative partners. He makes the important step from autoplasic to alloplastic adaptation.

Ocnophilia can be considered as a fixation to the first reaction provoked by a major trauma. The major trauma was the painful discovery of the independent existence of important objects. The first reaction is denial, the object is not independent, by clinging the ocnophil can reassure himself that he and his object are still one, inseparable.

The philobat suffered the same trauma, but the skill which he was able to acquire enabled him to re-create to some extent the destroyed harmony between himself and the world. The price he has to pay seems to be a never-ending repetition of the original trauma, a kind of traumatic neurosis. In order to regain the illusion of the friendly expanses, to experience the thrill, he has to leave the zone of safety and expose himself to hazards representing the original trauma. As we know, in pathological cases, especially at the age of puberty, these hazards may be unrealistically severe. 'Thrill' admirably describes this queer integration of competing tendencies. Its original meaning was to pierce something, causing a high-pitched noise—a mixture of pleasure and pain, both of high intensity.

I wish to repeat here that the two words ocnophilia and philobatism were intentionally chosen so that both should contain the root 'love'. By this I wanted to stress that they are not true opposites, although in some respects they may appear so. To my mind they are both secondary stages, developing out of the archaic phase of primary love as reactions to the traumatic discovery of the separate existence of objects. As they are both derivatives of the state of primary love it is fitting that their names should bear witness to their origin.

It is equally true that both the ocnophil and the philobat are essentially ambivalent to their objects. The ocnophil is always suspicious, mistrusting, critical; the philobat always superior, condescending. Both of them are in constant danger—as perhaps all adult mankind is—of marring or even destroying their relation to their love objects by exactly the same method by which they gained their favour: the ocnophil

by the use of too much dependent clinging, the philobatic by the use of too much superior skill. From this angle it would have been equally correct to describe these two attitudes by words denoting hatred. Apart from personal predilections I have decided on love in order to express—in agreement with K. Abraham—my firm belief in the existence of the primary pre-ambivalent state, which I prefer to call primary love.

By using the same root for my new technical terms I also wanted to avoid some of the mistakes that we could not help making with regard to sadism and masochism. These two were at first regarded as truly antithetical, one the negative of the other, one perhaps more akin to love, or at least to health, than the other. Nowadays it is gradually accepted that all these were false problems, due only to preconceived ideas, and having hardly any connexion with clinical reality. Keeping at a safe distance from the vexed question of primary sadism and masochism, we may all agree that both sadism and masochism as observed in adults, and in fact in children of the verbal period, are neither antithetical nor primary. They are secondary, i.e. reactions to frustrations, their usual clinical appearance is a mixture of the two, and they always have a long history in the individual's past. In the same way as with regard to sadism and masochism, it would be a nonsensical question to ask which of the two attitudes, philobatism or ocnophilia, is healthy.

To be more specific, what is healthier; to hold on anxiously to one's love objects in abject fear that they may change as soon as one loses touch with them, or, on the contrary, to leave them time and again confident that one will always be able to find new ones, or even that when returning to the old ones at one's whim one will find them unchanged in their affection? The answer clearly is: both these attitudes are more or less pathological. Health is obviously not dependent on the ingredients, but on their proper combination in suitable proportions.

To repeat: both ocnophilia and philobatism are chronologically secondary to the state of primary love, both imply an ambivalent attitude to objects, and both types use denial to rid the mind of certain unacceptable aspects of reality. They are ingredients only to be used in various proportions by the mind when building up its habitual patterns and methods for dealing with the problems created by the world of objects.

And lastly, I have deliberately used mainly the philobatic attitude to physical reality in my arguments. This was done for the sake of simplicity. Our vocabulary is such that it can more easily, and above all more unequivocally, describe external physical situations as compared with internal, mental situations. I wish to add here that everything said about the philobatic sportsman, athlete, or acrobat, with regard to his body and the physical dangers of the external world should be understood as comprising the attitudes of philobatic thinkers, scientists, and artists, with regard to their minds and the internal dangers of the psychological world. *Mutatis mutandis*, whatever we have found about the ocnophil's need for proximity and for constantly remaining in contact with his object should be held to include ocnophilic thinkers, scientists, artists, with regard to their internal world.

V. REGRESSION IN THE ANALYTIC SITUATION

In the previous chapter we found that the individual may have three forms of primitive relation to the world around him. The first of them, primary love, is represented by the structureless friendly expanses. This harmonious relation is but short-lived, the traumatic discovery that vitally important parts of it are both independent and inscrutable creates a structure, and from then on the world will consist of firm and resistant objects and of spaces separating them. The individual's response to this trauma is, as we have seen, a complicated mixture of ocnophilia and philobatism.

At the beginning of section II I pointed out that there are possibly two spheres in which these three states of very primitive object relationships may be observed and studied. One is very early childhood, and the other highly regressed patients in the analytic situation. I there discussed at some length why it is so difficult to obtain reliable data about these states. First, there is the intense dependence of the baby or patient on us observers. This dependence is an essential feature of the situation, and forces us to become participants and partners in a highly emotionally charged situation. Second, most of the experiences met with in these situations belong to pre-verbal—infantile or regressed—states, and it is we who have to render them into words: thus we have to act also as interpreter-informers and translators. And lastly, we are also teachers and

educators; both the baby and the regressed patient have to learn from us how to express themselves so as to be understood first by us, then by themselves, and ultimately by their fellow-men. It is in this aspect that the regressed patient offers fewer complications than the young baby. Although in his regressed state he is beyond the world of words, he can come back from it and—although with great difficulty and with considerable help from us—can tell something of what happened to him *in his own words*. It is perhaps this fact that could explain why practically all psycho-analytic discoveries have been made during analysis of adult patients, a few important ones during analysis of children who could already speak, but not one to my knowledge by direct observation of babies or highly regressed psychotics.

After this diversion let us now see how these three states—the undisturbed harmony of the primary love, the post-traumatic ocnophilia and philobatism—appear in our everyday clinical experiences.

In quite a number of my analyses there occurs a period in which the patient feels a very strong urge or need to get up from the couch. Some patients are content to sit up, others want to stand—more often than not in a safe corner of the room furthest from my chair—and yet others have to walk about. Obviously this 'acting out' is over-determined. One important factor is fear, forcing the patient away from the analyst; another defiance, 'not taking things lying down'; a third curiosity, a fourth naughtily testing out the analyst's tolerance, and so on. But there is also the factor that takes the patient away from a hazardous object, his analyst, and opens up for him expanses which, though not entirely friendly, are still felt to be less dangerous or less exciting than the proximity of the analyst. It is remarkable that no matter how defiant or naughty, how frightened or agitated the patient may have been, it has hardly ever happened in my whole experience that he had touched, or collided with, any object in my room. It is fair to say that in many respects these episodes are reminiscent of the philobatic states described. They are structured definitely on the pattern of the three-act drama, i.e. they start and end in the security of the couch, while the middle act never lacks the quality of fear and, above all, of thrill. Objects are skilfully and carefully avoided, while constant watch is kept on them, especially on the most hazardous object, the analyst. Although

often the whole episode may impress one as an acute outbreak of fear, suspicion, and hostility, this is only part of the truth. This kind of philobatic acting out, if correctly recognized and handled by the analyst, reveals itself almost always as an important experience, a piece of working through, leading towards a better mutual understanding between patient and analyst. The establishment of this better understanding mainly depends upon whether or not the analyst can succeed in getting changed in the patient's fantasy from a hazardous object into a part of the friendly expanses which need no longer be defied or watched with suspicion.

With quite a number of patients, though far from all, one can observe a characteristic sequence of events during their treatment. A number start analysis with their eyes open, interested in and intently, almost anxiously, watching the objects around them in the consulting room. It is only very gradually that they discover the possibility of closing their eyes, detaching their ocnophilic clinging attention from the objects of the external world and turning to the events in their own mind. Of course a good many various anxieties of the ocnophilic type have had to be worked through to make this discovery possible.

When finally settled in this second phase, these patients feel as if they were wrapped up in some cosy, warm, structureless darkness which envelops them and protects them from the unsympathetic and unfriendly external world, represented quite often by the analyst. To open their eyes in this state means to destroy the friendly darkness and to expose themselves to the unsympathetic indifferent or possibly hostile external world of separate objects.

It is only after long and intensive work on this second level that they can open their eyes again and look round in the world which is then no longer hostile, the objects of which need not be watched with suspicious attention. This sequence may also be described in a somewhat different way as follows: (1) the patient feeling the need to fight for a place for himself in the world and being afraid of somebody or something pushing him out of it and not allowing him to have his place in peace; (2) withdrawing into a structureless and safe corner but not daring to move out of it; and (3) discovering or perhaps only rediscovering the possibility of finding friendly expanses in the world, no matter where his fate may lead him.

More or less parallel with these events another

sequence occurs. This is the patient's changing relation in his fantasy to the couch offered him by his analyst. In the beginning the patient so to speak floats above the couch, hardly touching it; he lies rigid, usually on his back with his hands safely tucked away, either clenched or in his pockets, obviously avoiding any close contact with contaminated untrustworthy objects. In this state the couch is experienced and described as a horrid, dirty, God-forsaken thing.

Then the attitude of mistrust and avoidance gradually changes into a frightened ocnophilic clinging to the couch, burying himself in it, even holding fast to it, lest the couch, the world, the analyst should turn out to be unreliable and may even drop him. In this period the patient usually finds it very difficult to end the session, as this means relinquishing the safety of his ocnophilic relation to the couch and being compelled to face the horrid, cold empty spaces between the couch and his next possible object, e.g. the door.

Usually it is in this stage, after the ocnophilic anxiety has somewhat abated, that it happens that the couch changes into an exciting place, inviting the patient to undertake adventurous philobatic journeys by means of free associations. These hazardous adventures are made possible, however, only because the kind, cuddling safety, as represented by the couch, is always there near at hand, should the adventure turn out to be too exciting or frightening.

This then gradually leads to a more relaxed atmosphere, when the couch, so to speak, holds the patient safely. There is no more need to cling, to hold fast; the patient entrusts the couch with his whole weight, in fairly safe confidence that it will be there, that it will be strong enough to hold him. In this period the patient usually allows himself some relaxed posture, turns on his side, curls up, asks for and uses a rug, etc. The ending of the session in this period, although not very pleasant, can usually be tolerated in the confidence that the couch and the analyst will be there waiting for him at the coming session.

It is only in the very last phases of the treatment that the interchange between these states becomes easy and painless, though far from emotionless. The patient can shut his eyes and envelop himself in his protective, cosy, structureless darkness or open his eyes and find friendly expanses around him; when he can allow the couch to carry his weight, and at the end of the session so to speak put his weight

back on to his own shoulders and carry it away with him—without great joy but without bitter resentment.

There are a number of similarities between this development and the growth of a baby. At least in our civilization the baby starts his existence—like our patients—mostly lying on his back. It is only after some weeks that he can lift his head, that he can focus his eyes and see objects properly, still later that he can turn on his side and then on his tummy, and much later that he can pick himself up to crawl and then to walk away. Is this mere coincidence, of no importance at all, or ought we not to see in this parallel another example of the repetition compulsion? If the latter proposition is acceptable, I wish to stress that in this case the repetition involves both the patient and his analyst. When we start the treatment we offer a set-up to our patients which in almost every case induces them to adopt a babyish posture.

Yet another important subjective experience of the same period is what patients describe as 'sinking'. This feeling quite often precedes the regressive states described above. Another equally favourite description is 'merging into' or 'submerging into' this state. German patients use the cognate word '*versinken*' to describe this experience. The aspect which is most important for my train of thought is that the something into which, after overcoming his anxieties, the patient sinks or merges is structureless, friendly, and existence in it is, in a way, simpler and easier, less complicated, than everyday adult existence.

While patients get nearer in their regression to the states reminiscent of the primary object relation, it quite often happens—in my practice—that either angrily or good-humouredly they wish the analyst would go to hell, as he is felt to be too noisy; although it is true that his interpretations are correct and even helpful in clarifying the situation, but they are not, worth the bother. One patient, for instance, said: 'Balls to your correct interpretations!'

All this, however, applies only to that part of the analyst's work that presupposes a somewhat adult attitude and expects rather adult responses from the patient. Interpretations, although highly important, certainly belong to this class. In contrast to the 'noisy' interpretations, the room itself, especially the couch, the cushions, the rug, all of which are supplied by the analyst, remain all the time highly acceptable and welcome to the patient.

Usually at this stage the patient is also perturbed by the idea that he might hurt the analyst by wishing he would go to hell. In fact, it needs only very little work to discover that this wish means merely that the analyst should keep quiet and should not demand attention from his patient. On the other hand it is most important that the analyst should be there, should stay with the patient, should not only do this but should enable the patient to remain aware all the time that the analyst is there for him. This must not, however, amount in any way to a demand that the patient should understand the analyst's interpretations and remain in active communication with him. What the patient wishes for are just slight signs, definitely undemanding signs, not even soliciting from him any attention or response, signs showing that the analyst is there with his patient. To quote an example: one patient when in this state asked me not to speak, to keep quiet, but occasionally to move a little, for instance to make my chair creak gently, or let my breathing become somewhat audible, etc. But I was not allowed to use any words, because they demanded to be understood, which meant coming out of this regressed state into the adult world.

Of course this transference-relation is overdetermined, and all the determinants have to be interpreted in time, and then worked through. One determinant is the ocnophilic fear of being abandoned or dropped by the object, and all the requests are, so to speak, for reassurance that this has not happened and will not happen. Another determinant may be the fear of having destroyed or damaged the object, in which case the requests are for reassurance that this is not the case, the object—the analyst—is still whole and alive, is able to speak to, and to understand, his patient. A third possible determinant, in my opinion a most important one, is that the analyst should become part and parcel of the patient's world, i.e. should assume the qualities of a primary object in complete harmony with him. In other words, the analyst should not be an entity in his own right, with his own ideas, clever suggestions, and profound interpretations; in fact not a separate object at all, but should merge as completely as possible into the 'friendly expanses' surrounding the patient.

Before leaving this topic I wish to mention one more subject which has many points of contact with the phenomena discussed in this section. This is the very vexed question of

silence. The silent patient is of course one of the great problems of analytic technique, a problem for which I cannot offer any general solution. My only aim here is to point out its possible regressive nature.

I cannot give diagnostic criteria for discriminating, but I think we all agree that silence in the analytic situation may have two meanings. One is a frightening experience of a horrible emptiness full of suspicion, hostility, rejection and aggressiveness, a silence which blocks progress and is on the whole barren. Silence can also be a tranquil, quiet experience of harmony, an atmosphere of confidence, acceptance, peace; a period of tranquil growth, of integration. It is most important for the analyst to recognize which of these two types of silence he has to deal with. This task is not made easier by the fact that quite often, although far from always, the patient's silence is a mixture of the two antithetical attitudes. Moreover, silence may have a meaning for the patient exactly opposite to what it has subjectively for his analyst. Obviously the danger is always present that the analyst's interpretations might also be conditioned by his subjective reactions or by his theoretical expectations. In any case the parallel between these two types of silence and between the horrid empty spaces and the friendly expanses respectively, is striking.

It is not only in the analytic situation that we meet with these two opposite attitudes towards silence. In everyday life we meet people who adore silence, seek for solitude, and need it; on the other hand people who hate silence are only happy in noisy places and, when coming home, the first thing they do is to turn on the wireless.

In music, too, the pause, i.e. silence, has these opposite effects. Depending on how it was arrived at, the effect of a pause, of silence, may be most peaceful, soothing and calming; or, on the contrary, exceedingly tense and exciting. I think it is fair to say that silence can be as tense, frightening, or stimulating, or as tranquil and peaceful as any tone, harmony, chord, or melody.

This antithetical nature of the effect of silence strongly suggests that it can mobilize in us powerful and very primitive energies, which again leads us back to my theory of primary object relationship.

Of course, the primitive emotional attitudes just described do not occur during any analytic

treatment either in pure forms or in a regulated easily observable sequence. What one gets to observe is a varying mixture, although, according to the particular complex and its concomitant anxieties that are being worked through, usually the situation is coloured chiefly by one attitude or the other. Moreover, the more intense the working through is, the more rarely does one find that only one attitude determines the whole atmosphere. On the other hand, after a successful piece of analytic work, i.e. towards the end of a particular working through period, the situation usually becomes simpler and the main determinant more easily discernible. If then these successive winding-up attitudes are taken together during a longish stretch of analysis, in most cases a sequence emerges roughly corresponding to the description given in this chapter. I am fully aware how vague and uncertain my description is. This, however, cannot be remedied except by considerably more experience.

I wish to end this chapter with a personal note. It was in 1932 at the Wiesbaden Congress that I first described the regressive states just mentioned, and stressed their great importance for analytic technique and theory.¹⁴ Even then I was deeply impressed by the sincerity and elementary nature of what I would now call the patient's ocnophilic needs. For some time I thought that these constituted an essential part of the earliest object relationship, which I called primary love. It is only during the last few years that I have been able to disentangle the various elements reappearing in these regressed states and to recognize their mutual chronological and dynamic relations as described in this paper.

The most important difference between my earlier and my present views is as follows. I thought that the need to be near to the analyst, to touch or to cling to him, was one of the most characteristic features of primary love. Now I realize that the need to cling is a reaction to a trauma, an expression of, and a defence against, the fear of being dropped or abandoned. It is therefore a secondary phenomenon only, its aim being the restoration by proximity and touch of the original subject-object identity. This identity, expressed by the identity of wishes and interests between subject and object, is what I call primary object-relation or primary love.

All regressive states, not only those just described, are attempts at approaching the state

of primary love. Why these regressed states occur during analytic treatment, what their therapeutic value is, and what rôle they play in the analytic process, will be discussed in my forthcoming book. To end this paper I wish to say something about the analyst's responses and reactions to these states, i.e. about his technique with regard to a regressed patient.

VI. THE OCNOPHILIC BIAS OF OUR THEORY AND TECHNIQUE

Obviously these states of regression can be reached only if patient and analyst tacitly, or even explicitly, agree that they should be reached. Certain analysts may view regressions of this kind with suspicion, call them acting out, and interpret any move towards them as the patient's attempt to escape from analytic work, especially from the agreed form of communication, viz. more or less continuous free associations by the patient, punctuated by corresponding interpretations by the analyst. It is understandable that in such an atmosphere this kind of tranquil unexcited regression does not occur, i.e. the analytic work has to be carried out more or less entirely in those layers of the mind which are accessible to words. Another group of analysts, less strict in their approach, may tolerate regressions of this kind, but perhaps unwittingly they force the patient out of it by their otherwise correct interpretations, for the acceptance and understanding of their interpretations demand much more maturity from the patient than this state of regression can afford. Although regression may be reached for short moments, it cannot be maintained by the patient and perhaps still less recognized by the analyst. This kind of analytic work is also kept mainly on the verbal level, allowing glimpses into the tranquil unexcited pre-verbal states but not allowing the patient to sink into them for any length of time.

A further important consequence of either of these two analytic atmospheres is a possible bias of our theory. Analysts working more or less according to the two methods described above will necessarily come to the conclusion that separate and particular objects are all-important for the human mind. Their everyday experiences will force upon their mind a theory of object relations which will be built on the model of ocnophilia. The danger of it is great anyhow, as the psycho-analytic situation is built on

¹⁴ See 'New Beginning' in my book *Primary Love*, op. cit.

exactly this pattern. The patient is usually lying on his back, a position which inevitably changes his actual picture of the world. A further important feature of the situation is that this new world inevitably brings it about that the patient cannot see his analyst during the session and certainly not in 'proper proportions', in 'true perspective'. In addition he has to deal with an objective, indifferent, and above all independent object—the analyst—of necessity only allowing his patient, at best partial satisfactions, which conversely means that he must equally of necessity force his patient to accept the state of half-frustration as an intrinsic quality of reality.

Moreover, our present-day technique strongly advocates interpreting everything that happens in the analytic sessions also, or even foremost, in terms of transference, i.e. of object-relation. This otherwise justified and correct procedure leads to some unforeseen side results. One is that thereby the analyst, willy-nilly, must offer himself incessantly as an object to his patient, almost demanding to be clung to and consistently interpreting anything contrary to clinging as an attempt to escape from the proper analytic work. Further unforeseen results of this procedure are that we have developed a highly ocnophilic theory of object-relations founded mainly on relations to part objects, and that we have developed a theory of frustration and of ambivalence. Conversely this means that the relations to whole objects, the phenomena of proper gratifications, have been less well studied and our theories about them are less well developed than those about relations to part objects, and about ambivalence and frustrations.

I know that statements of this kind are a challenge only, but in this paper I could not aim at more. What I wanted to achieve was to call attention to certain limitations in our theoretical considerations leading inevitably to limitations in our set of technical terms. 'Practically all our technical terms describing the early period of mental life have been derived from objective phenomena and/or subjective experiences of the "oral" sphere; as for instance greed, incorporation, introjection, internalization, part-objects, destruction by sucking, chewing and biting, projection according to the pattern of spitting and vomiting, etc. Sadly enough, we have almost completely neglected to enrich our understanding of these very early, very primitive, phenomena by creating theoretical notions and coining technical terms using the experiences, imagery, and implications of other spheres. Such spheres are, among others, feeling of warmth, rhythmic noises and movements, subdued nondescript humming, the irresistible and overwhelming effects of tastes and smells, of close bodily contact, of tactile and muscle sensations especially in the hands, and the undeniable power of any and all of these for provoking and allaying anxieties and suspicions, blissful contentment and dire and desperate loneliness.'¹⁵

In this paper I have tried to show that a study of one 'extra-oral' sphere of human experience may lead to interesting results, both in the form of new problems and of enabling us to look at old problems from a new angle, and thus seeing them perhaps in a better perspective.

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¹⁵ *Primary Love*, p. 156.

GROWTH INERTIA AND SHAME: THEIR THERAPEUTIC IMPLICATIONS AND DANGERS¹

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I. INTRODUCTION

Slowly and inexorably the goals and methods of psycho-analytic treatment are changing without being as yet fully documented or taught in our institutes. Major progress has developed from the recognition that personalities and their behaviour are assemblages of processes derived from the influence of many factors through time, of which transactional experiences within the child-mother field are earliest, most significant for all subsequent psychological development, and almost entirely immutable. Such conclusions have arisen not only from analytic reconstruction, which sometimes permeates to memory images or behaviour fragments of earliest days, but also from child analysis and study, and from observations and experiments on laboratory animals.

As a result the goal of analytic therapy and the focus of analytic research is no longer the understanding and resolution only of the oedipus conflict or of bisexuality. Certainly Freud and the earlier analysts recognized that during childhood disturbances in development prevent the full measure of psychological growth, and establish functional 'retreats' to which unstable personalities regress under conditions of stress. But most important for that era of psycho-analytic thinking was infantile sexuality and zonal stages of libidinal organization; in other words quantities of specific instinctual forces and their distribution. Little attention was given to the earliest neonatal experiences or to the vicissitudes of psychosomatic growth and differentiation in the symbiotic mother-child field. Because spheres of infantile conflict were considered the reservoir only for predisposition to later problems, they were not subjected to vigorous investigation in adult patients, and technical procedures pertinent to this area remained until lately undeveloped.

II. CHANGES IN PSYCHO-ANALYTIC TECHNIQUE

Profound changes have been taking place in psycho-analytic techniques during the last decade, not only in their modification for the psychoses or by their dilution in so-called 'briefness', but also within the proper meaning of psycho-analysis of the neuroses. Experimentation with new methods or increase in experience with many special conditions do not completely account for the changes, and we should look for other possible explanations.

The characteristics of the neuroses in our time seem to bear little resemblance to the simpler problems written about in the earlier days of psycho-analysis, delineated in our few text books as 'classical' and requiring relatively short analyses for 'cure'. To-day we wonder: where are the classical hysterics and anxiety neuroses? Many of us longingly search for them in the hope of getting a quickly curable short-term case, as a surcease from the seriously ill, time-consuming patients entering treatment to-day.

In addition to such 'mutations' in the characteristics of the neuroses, changing theoretical concepts have altered our way of viewing them. As our knowledge of the earliest period of development has increased, concepts of etiology have altered and the focus of therapeutic interest has shifted. What were once benign neuroses due to disturbances in later-developing, maturer levels of organization are now viewed as serious disturbances requiring lengthy analyses penetrating to earliest levels.

Marmor in a recent discussion of the hysterical personality doubts the validity of a scale of fixation points from early oral to the final genital phase, as a system of classification of neuroses and psychoses. Hysteria, on this basis, should be closest to normality and the easiest to treat. Yet Marmor's experience

¹ From the Institute for Psychosomatic and Psychiatric Research and Training of the Michael Reese

Hospital, Chicago, Illinois. Read before the Chicago Psychoanalytic Society, 23 November, 1954.

shows that the basic roots of the hysterical personality are difficult to treat, the regressions are coloured with oral methods of handling reality, and hysterical introversion, fantasy, and materialization are similar to schizophrenic autism, delusions, and hallucinations. Symptoms may readily disappear in the hysteric, but the dependency and inertia against psychological growth is stubbornly maintained. Marmor concludes that this underlying hysterical character is due to an oral fixation.

We often seem to penetrate through the bisexual and oedipal problems rather rapidly in the course of the initial phases of analytic therapy in many patients and come upon nuclear problems of personality and their defences very quickly, at which time such patients show many psychotic-like characteristics. Weakening of ego boundaries occurs, sometimes transient and sometimes serious, with many difficulties in discrimination between self and not-self and in determining the differences between reality and fantasy.

Knight, however, believes that the disasters of such regression come about from the *injudicious* use of uncovering therapy in a group of patients whose dynamic processes are very difficult to understand and diagnose. These he calls 'borderline states'. For them the essential problem is to establish a correct appraisal of their psychodynamic defensive and disintegrating forces in order to plan for proper therapy. In essence this is an appraisal of 'the patient's capacities to tolerate exploration, his capacity to respond favourably to deep interpretation and the relationship of his inner controls over regressive tendencies to the therapist's attitude of permissiveness or limit-setting.' But as I shall demonstrate, an estimate of such ego strength and the capacity of the patient to give up defences that serve at the same time as an illusion of strength is not easy to appraise.

Before continuing the discussion of the problems involved in deeper analysis, I should like to make some general assumptions. In the first place personality may be viewed as an assemblage of learned methods of dealing with conflictual inner processes and between them and the ever-changing stresses of reality, built upon the psychobiological capacities of the species. These assemblages continually add new qualities to the whole of motivated, goal-directed behaviour. Psycho-analysts have been accustomed to consider these assemblages as defensive, characterized according to what is defended against

and structured by cultural attitudes of the times, which support or prohibit certain of their possible forms. In addition, the assemblages permit to some degree the indirect expressions of primitive drives which are defended against.

At the beginning, and persisting throughout life, appear the primary core processes of the personality. They have been called 'narcissistic', indicating a value-judgement applicable to the life instincts which tend to maintain the self-preservative equilibrium of the individual. To them has also been applied the term 'depressive core', implying the degree of satisfaction that has been attained in the early infantile transactions between those constitutional processes with which the infant is born and its actual experience in its relationship with the mother. The core processes may be called 'psychosomatic' as descriptive of their primary metabolic functions which are conditioned and modified by subsequent learning as differentiation into both psychological and physiological integrated patterns occur.

Personality is conditioned and learned in the socio-cultural environment of the family within which it may be well adaptive. In transactions with larger, extended social groups with different value-systems conflicts often result in crippling maladjustments in thinking, feeling, and behaviour. It is these disturbances that usually bring the patient for treatment. We have learned that no matter how long or deeply psycho-analysis may operate, the primary core processes are unchangeable. Therapeutic influences can only modify those aspects of behaviour that can be referred to the body or ego in non-ego terms. What is not treatable and not analysable are the effects and results of the first vital non-conditioned reflexes when mother-child ego-non-ego are not differentiated. This is the non-reducible residue like the amorphous dust of a ground-up object of art. On the genic constitutional functions, environmental influences impinge during the organism's most undifferentiated stages, thereby affecting all subsequent psychosomatic development. The effect is 'in the tissue' and analysis cannot modify it any more than any other structuralized function can be changed.

The task of analysis, however, is to loosen, decrease, or modify the learned function; to get as close as possible to the primary, narcissistic, depressive, or psychosomatic core; then to help rebuild and reconstitute more adaptive

assemblages of defences and syntonic expressions. In this task new technical problems confront the analyst. The closer he approaches to the basic core functions, the more difficult and dangerous are his problems. He is confronted with primary processes and an ego which seems unable to perform its functions of self-discrimination, reality-testing, or synthesis. The alert analyst then questions himself as to whether he is pursuing a harmful procedure which could destroy the defensive capacity of the ego against the development of a psychosis or the liberation of serious suicidal trends or the acting-out of asocial or anti-social behaviour. The analyst then often restudies his pre-analytic psychological tests, reviews the first interviews and the first analytic sessions, and surveys again the first dreams in an effort to determine whether he overlooked a latent psychosis which is now threatening to become active.

III. CASE PRESENTATIONS

Before entering into further theoretical discussion I shall present three clinical vignettes from patients undergoing psycho-analysis. This material is presented not according to the usual method employed by many writers on analytic subjects who recount certain unusual problems that they have met in their therapeutic work, for which they seemed to have discovered the correct answer, and after significant crucial interpretations the patient progresses, in his therapy or is cured of his troubles. Success in treatment is *post hoc* attributed to a special interpretation or technical procedure. I propose to use the opposite method and recount some failures. By our official regulations applying to educational requirements, psycho-analysis is a sub-speciality of psychiatry which in turn is a medical speciality. Strangely enough not only does psycho-analysis not have acceptable statistical tables of efficiency, but it is the only medical speciality with no admitted mortality or morbidity.

Among the class of patients that I will describe there was one suicide, several suicidal attempts, and several serious regressions from which recovery was slow and difficult. I shall present some of the clinical material pertinent to my thesis with particular reference to the reasons for the method of treatment and interpretations, the untoward results and their possible causes. In so doing there will be no emphasis placed on the psychiatric diagnosis or the general dynamic formulation, but the focus will be on a specific

therapeutic problem and its theoretical implication.

Case 1. In January, 1949, a twenty-one-year-old Jewish male entered analytic treatment because of serious conflict with his father over his way of life. He neglected school to the point of being a 'bum about town', used marijuana, barbiturates, and alcohol to excess. For 215 hours ending in February 1951 the patient fought the therapist mostly with the weapon of silence or aggressive sneering at all interpretations. His attitude was that of a 'big shot' who played it 'cool' and knew the score. He cheated at cards and stole money from home. His whole delinquent pattern made him feel big, accepted and important to his group and, rather than understand or relinquish it, he terminated his treatment.

In May 1953 he returned voluntarily for analysis in which he has been seriously and co-operatively working ever since. In spite of the continuation of his delinquent behaviour he had kept up with school and was about to finish his thesis and take an examination for a master's degree, with a teaching post in an eastern university promised for the next autumn. He was then precipitated into a state of anxiety, sleeplessness, and depression, and returned for treatment.

The boy was the second sibling, having one older sister. The father was very brusque, coarse, hard-working, uneducated, and uncultured. His mother was neurotically ill most of her life and kept to her bed, keeping the boy in a state of constant infantilization. When he came into the home he would have to sit on the edge of her bed or get into bed with her and tell her every detail of his day at school and play. He would sobbingly tell her of his troubles and be fondled and often stimulated sexually by her closeness. He made no effort to detach himself in any rebellious manner in spite of the criticisms and negative attitudes of the father, who was disturbed by seeing his son remain so childish. When the boy was eleven years old his mother developed a serious physical illness and suffered a good deal of distress over the next year or two, eventually dying of a malignancy. At the death of the mother the boy could not turn to the father, whom he consciously hated, and who himself was involved in a serious grief reaction. What he did was to deny the mother's death, preserving her introjected image, which saved him the process of mourning and enabled him to maintain the illusion that his mother or someone like her was still alive.

The patient acted out this relationship with girls who were either physically sick, as, for example, crippled with poliomyelitis, or severely neurotic. He would woo them with a great deal of need for their maternal affection, seemingly working hard to obtain this satisfaction. Subsequently as the sexual aspect of the relationship developed he would become angry with them, reject them and hurt them

in some way, and then suffer from a feeling of guilt and depression.

He was an intelligent boy who had planned to study medicine, but the indication by his advisers of the long road toward this goal so frightened him that he transferred to philosophy, where little consistent work was required. He smoked marijuana cigarettes, drank himself into a state of inebriation every night, and throughout the day was dependent upon alcohol to keep free from anxiety. His direct expression of dependent needs through drugs and alcohol was accessory to his continual changing relationships to maternal, sick, or prostitute-like women. Each close relationship was accompanied by weakening of his ego-boundaries so that he felt that he was within the woman or she within him. He alternately sadistically hurt his girls physically or mentally and suffered masochistically.

After about a year of analysis he fell in love with a beautiful girl who was seriously ill with ulcerative colitis and in analysis at the same time. Her analyst apparently worked through her relationship to my patient and she rejected him rather suddenly with a brutal letter. This produced a reactivation of the mother's death and a serious regression into a helpless state of dependency with intense need to be loved, cared for, and cried over, and an increase in his difficulty in identifying himself and discriminating reality. The latter resulted in intense disturbances at night when sounds and movements stirred great anxiety within him.

It was at this point that the crucial therapeutic decision had to be made: Should the analyst use ego-strengthening devices of support, reassurance, and direction, sacrificing for the time further uncovering? Or, with full cognizance of the weak ego, should the analysis be continued in the face of the dangers of psychotic-like regression and possible suicide? The latter course was followed. His defensive illusory masculine and grown-up attitudes were thoroughly analysed within the structure of the infantile transference with its fantasied promise of love. The patient did abandon without direction alcohol, drugs, sedatives, and retired from the 'Fifty-seventh Street society' and finally gave up his repetitive sadistic conquest and rejection of sick girls. Then we were really confronted with a regressed child-like personality, filled with anxiety and crying to be held.

The problem of handling this regression into a psychotic-like state was a difficult one. It could not be dealt with therapeutically by repeating what his mother and her substitutes had done for him all his life. To have acceded to his request for direct infantile satisfaction would have probably hastened an overt ego-breakdown which was portending as it was. Instead, I indicated to him at appropriate times my confidence that he could work through his problems and that he could go to school, study, and take part in seminars. His reaction to these statements each time was at first intense well rationalized

anger, but within a few hours there was a definite improvement in that he borrowed ego-strength, assuming that if I had confidence in him then it was really possible for him to function adequately.

At a crucial point in his analysis he was wracked with inexpressible hatred for the analyst because he was not 'permitted to kill himself'. This was interpreted as a wish to lose his identity by being eaten up by the mother and contained safely within her. The patient said before the analysis he used to have a million ways to crawl back (with the illusion of independence). Now there was no place to go. He was a stranger and could not any longer deny what he didn't like and make it non-existent.

The patient had little shame reaction toward his direct and repeated struggles to gain and regain the symbiotic mother. He had only rage against the interfering father who had confidence and tacitly urged growth and development. As time went on he was able to view himself better. Suddenly conscious shame appeared when the analyst wrote a letter to the induction centre asking for reclassification on the grounds that his neurosis made him temporarily 'unfit for military duty'. He began to identify with the person who believed in his growth potential and who at the same time did not press him.

Although the patient's outward behaviour improved considerably so that he abandoned all drugs, alcohol, and narcotics, gave up his repetitive pattern with women, and received his master's degree, there was much struggling with the internal inertia and anxieties which held him psychologically in the position of a child demanding immediate and direct satisfactions. These forces were goal-fixed, rarely shifting to *substituted* satisfactions. Any external stress, environmental change, or change in status evoked an abandonment of the external cloak of shame and an exposure of his infantilism. He then became anxious, crying, frightened of the dark and noises, wanting to be held. He then dreamed of water and heard his mother, almost as an hallucination, call his name. The patient is now engaged in working through castration anxiety as he is courageously dealing with his oedipal sexual fantasies.

Although this patient's analysis is now progressing satisfactorily and the outlook is better, there is no doubt that the therapeutic strategy of analysing the patient's defences of illusory masculinity resulted in a serious, deep, and long-lasting regression during which suicide and overt psychotic behaviour lurked in the shadows. Was it a wise move? It intensified suffering and it was dangerous, but it was, in my opinion, necessary, even though the therapist had been aware of the full effect of his strategy—which I confess was not the case. The patient is not schizophrenic or 'borderline'. He is a prototype of innumerable types of infantile characters that are exposed to us, often to our surprise, during the course of analysis of defences that are as weak as the surface ice after the first

winter freeze. If we are to have the courage to assist in the development of more adaptive assemblages and defences we shall have to learn a good deal more about ego-support, temporary gratification, positive directions, and confidence-inspiring procedures in terms of quality, quantity, and timing. This necessitates a certain positivistic activity of confidence, an activity of acceptance and temporary omission of interpretations.

Case 2. An attractive twenty-year-old Jewish female was admitted to the Institute for Psychosomatic and Psychiatric Research and Training of the Michael Reese Hospital from an eastern mental hospital in January 1954. Two years before, while in high school, she had become upset by the scholastic and social competitiveness. After graduation she entered an eastern college where she came under the influence of a perfectionistic, demanding, and pushing teacher. As a result confusion and depression developed, necessitating therapy by a psychiatrist who supported and directed the patient. During the ensuing summer while on vacation abroad, she became more confused, fatigued, and amenorrhoeic, which the local physicians diagnosed as due to a pituitary disturbance. However, on her return to Chicago no evidence of glandular disease was discovered. She was then sent to an eastern sanatorium because of depression, which was then fairly deep, and there she remained for almost a year.

Therapy was directed towards emancipation from a close attachment to her mother, attempting to instil self-confidence and the renewal of school work. She was encouraged to experiment with sex and was praised for her first sexual experience with another patient. After about a year, the patient was sent back to school in a euphoric state which soon developed into a manic attack, for which she was sent to a mental hospital. There her behaviour was histrionic, mildly destructive, her ideas about herself grandiose, and her stream of talk uncontrollable. She was openly defiant and resisted control, but not to the point of evoking counter-aggression. After quieting down considerably the patient was transferred to Chicago where her parents lived.

The patient was the elder child in a middle-class Jewish family. After normal birth weighing five pounds, she was seen to be a beautiful child, but although she was fed easily and gained well, she cried a great deal and slept poorly. At six months she developed eczema, which was controlled by a rigid diet. The baby was an early talker and walker and was completely toilet-trained at eighteen months, but she regressed at three when her brother was born. Then she was upset and jealous of him. These siblings fought violently all through childhood. At three and a half years she developed suppurative signs of bacterial endocarditis and was kept in bed for nine months without visitors. Then a new doctor contradicted the diagnosis and ordered the patient out of bed and out to play with the other

children. Each of her therapists had at one time interpreted the enforced bedridden state after the birth of her brother as a guilt-provoking experience in retaliation for hostility to mother and sibling. This was, however, not the basic problem.

She resumed group activities with forced aggressiveness and noisiness which attempted to conceal her own uncertainties and anxiety. She soon revealed to her parents a promise of superior intelligence and talent in many artistic fields which were nurtured by their own narcissism, and their highly ambitious and socially upward trends. At the age of ten the patient's unhappiness resulted in the consultation of a child psychiatrist, and several years later, because of depression due to rejection by antisemitic classmates, of a psycho-analyst with whom she could not co-operate. In these early school years the patient received good grades and high honours, but these came hard only after much more than the average effort. The patient herself realized that she was not the person her parents expected, that she was a fake, and that she had to pretend a great deal. An external attitude of confidence developed with tricks at deception, and sometimes falsification and stealing credit for others' work. Later psychological tests revealed her confusion about her identity, the lack of creativity and originality as well as her great affective needs.

During the first weeks of hospitalization the patient gradually quieted down and behaved in a less provocative and aggressive manner, although she still expressed her exalted opinions about her 'great' artistic ability, poetry, prospective novel, etc. Indications of the return of a depressive mood increased as the hyperactivity declined. Then, after a few weeks on an open unit the patient was discharged to a women's dormitory and permitted to register for a few courses at the Art Institute. Therapy shifted from daily psychotherapeutic to psycho-analytic interviews four or five days a week, but this régime was short-lived.

The patient was not content with a few courses but registered for full-time work. Soon there was difficulty in immediately grasping the instructor's directions. She felt she would fail and became very anxious, depressed, and sleepless. Re-hospitalization for a few days decreased the anxiety, and we decided that she should give up her school and room, return to her suburban home and stay close to her mother whom she needed and for whom she constantly cried.

Inherent in this decision was the crucial shift in therapy and the beginning of the fatal outcome. All previous therapists in their reassurances, confidence-inspiring techniques, pressure for return to school, had simply repeated the old parental demands which were far beyond her capacity and increased the deprivation of an affect-hungry child. Their results were short-lived, as was my own, as seen in the rapid return of depression after returning to school.

Therefore the patient was sent home and urged not to force herself to do anything but relax and accept all the care, interest, and affection that her mother was willing to give her. The patient protested that she must finish college, she must go to school, she was wasting time, etc., but gradually found herself relying on her mother more and more. She stayed with her during the entire day (except for her therapeutic sessions) no matter what she did, and depended more on her mother to carry out the ordinary things which young girls insist on doing for themselves.

The patient recognized her need to be taken care of and made very strong and positive demands on her family, but as she stated, 'I want my mother to do everything for me, but when she does I hate her.' She showed signs of being very much ashamed of herself for regressing to the little child attachment to mother. I encouraged this regression in an effort to give her a feeling of satisfaction and security instead of pushing her to unrealistic demands which she had never been capable of meeting, except with strain, failure and depression.

The result, however, was another form of depression associated with shame. She was quiet and felt as if she could never justify herself for her childish behaviour. Her dreams were all brilliantly coloured, extremely optimistic in type, in which she lounged about on brightly coloured sands with gay umbrellas close to the water in which she loved to swim. These dreams were rather stereotyped and repeated themselves over and over, and at the time I could not reconcile them with her depression. On a Sunday morning she apparently found a bottle of barbiturates in her father's drawer, swallowed over eighty of them, and before she could be discovered, expired. That her dreams indicated the undefended pure pleasure at the prospect of Nirvana in death now seems obvious.

It seems to me that this girl was struggling against her lack of capacity to fulfil the demands made on her by her family and that at one time there was a cessation of such demands but a resumption of them with greater intensity after her useless stay in bed at the age of three. Nevertheless, I think that we cannot account for the great pressure for achievement and self-fulfilment in this patient by the cultural and social effects of ambitions of father and mother. Rather, we see an intense shame associated with depression as a reaction against a profound incapacity to grow and mature to the degree and speed expected of her at each age. The early infantilism of lying in bed in an invalid state, being waited on, was an accident which created in this patient an image of herself as a stunted, incapable child, and which mobilized an intensified amount of shame against which she over-reacted aggressively and overcompensated all of her brief existence. It seems clear that the previous therapists who stimulated her to activity were on the side of her overcompensations. It seems equally clear that I was

attempting to help her regress so that perhaps a new start could be made, settling for less. It was in this technical procedure that the essential and fatal error was made.

Case 3. A thirty-five-year-old brilliant professional woman entered the hospital with a moderate depression after exhausting years of aggressive militant political activities. Established governments symbolized the hated and enslaving mother who could eat her up. To be anything, anybody, to be alive and have blood, she must gain her own satisfactions by drinking and masturbating. After several months of psychotherapy she began psychoanalysis. She was the firstborn in a physician's family, brought up in the deep south, where she was petted and pampered by many servants, mother and mother substitutes. Suddenly the family moved north where all the advantages of the southern home were lost. Correspondingly she developed an attitude of 'I don't need you, I can do it all by myself'. At four years of age a male sibling was born, and this intensified her independence, for she acted out the rôle of the brother's mother in a primitive fashion. When a feminine rôle should have been learned, she still dressed in blue jeans, climbed telephone poles, and acted like a boy. The whole world became an object of hostility and she defied everyone by refusing to accept any kindness for which she felt she should be grateful. She trusted no one. Her isolation became almost complete, for she neither accepted nor gave anything unless the bargain was first explicitly made that she would get as much as she gave. Climbing high poles was displaced to the repetitive establishment of projects which she had to complete herself without assistance. After each goal was reached the patient felt let down until another project was started.

Only during the evening drinking sprees alone, but needing a crowd about her, did she feel warm and filled inside. She continually fantasied that she had a penis inside her vagina which she used as an exciting stimulus against her clitoris during sexual movements. It was hers alone and there was no room for a man's penis. The patient clung to the old, and resisted change, including the analytic efforts, change in job or living quarters or clothes. All concepts were polar opposites with sharp boundaries. She had or she hadn't, she fantasied or not. 'My fantasy world is my own and no one can intrude.'

Analytic work revealed that early bowel training was traumatic to her, especially the mother's joy at a successful movement on the pot. The weaning process was fantasied as sudden with no transition. The nipple was in the mouth—then suddenly out. Actually the mother later told her that at the age of ten months she was weaned abruptly and did not see her mother for several weeks owing to a maternal illness of severe influenza in 1918. Nothing was gradual. Apparently the fantasied penis filling the vagina was a displaced and hoarded nipple filling

the substitute mouth and masturbatory movements were similar to sucking. Climbing poles, eating up project-work, and drinking were sign representations of penis, stool, and nipple surrounded by her body or within an orifice. The patient was unable to grow through the use of increasingly abstract symbols representing synthesis of parts of the mother-child relationship or through substitute need-satisfactions at the cost of increasing distance from the mother in space.

As her defences and substitutional satisfaction became revealed and the narcissistic core was exposed, the sado-masochistic aspects of her personality were expressed. 'I want everything, I trust nobody, I won't let anyone come near me if it gives him satisfaction.' Such revengeful hostility was always self-depriving and constituted a real spite reaction, for which she sought objects, and trigger-symbols for them. Without this behaviour and in situations of rapid change suicide was considered and once it was attempted after her first discharge from the hospital.

It seems that death or suicide was the only way she could at her age return directly to the all-giving, pre-weaning mother, her sadism was the struggle against parting with her hoarded fantasy satisfactions. In between was the core process with the effect of interruption of oral pleasure, and whatever behavioural, ideational, and emotional responses an infant could have. But these are not reconstructable or directly modifiable.

As the analysis proceeded the spiteful and aggressive defences loosened and during last Thanksgiving while at home she emptied herself of her hoarded secrets and self-contained gratifications. She told her parents all her secrets of political radicalism, sexual experimentations, and financial transactions. The score was now even, and then she felt empty and relaxed with the capacity to cry easily with shame at her inadequacies. Now, she said, if given time and if no one pushes her she can learn to love. The growth potential was liberated from its repetitive goal-seeking methods and she sought for new satisfactions more suitable for her age and sex.

I shall not cite further case histories indicating that our current therapeutic procedures touch on the problem of growth, inertia, and shame, and may be associated with mortality and morbidity. I shall only mention a few more clinical points of interest. In depressions we know that there are dangers in excessive quantities and poorly timed support or premature suggestions for activity. I have seen dangerous suicidal attempts after each. These are not always due to the psychodynamic configurations of hostility, but are frequently precipitated by severe shame reactions which are much more dangerous. Such suicidal-trends are more dangerous

because they are harder to detect early enough and the prospect of final death is often associated with hopefulness. It seems as if the unused forces of growth express themselves outwardly in destructive aggression or in self-destruction. Only in rare instances and in lesser degrees are they susceptible of displacement in defensive creative activity in the Adlerian sense.

Many characterological defences should be more carefully scrutinized for the existence of underlying shame reactions. The aggressive defences in males against feminine dependent relations to father, the isolated and secondarily narcissistic characters, etc., are concerned with hiding shameful inadequacies which have their roots in deeper processes. Caution should be developed in the analysis of anorexia cases who starve rather than take, of perfectionistic compulsives who need to conform to excessively high ideals of ethics and morality, and of people who express great conscious and behavioural resistance to change. This is not to say that all their problems are related to failure of growth and shame, or that they cannot be treated successfully, or that they will all severely regress.

The most common preceding developmental pattern seemed to be an excessive infantilization early in life followed by a sudden traumatic change, varying from death of the mother, abandonment, the birth of a sibling for which the subject was unprepared, etc., after which excessive pressure for growth and independence was forcibly applied. The males with this predisposition later suffered excessive castration anxiety and the females were sensitive to failures in their sexual rôles.

I have pointed out the dangers of loosening and breaking up those defences which give an illusory security of competence but which hide failure and shame. Of these aggressive and antisocial behaviour deserve special mention, for they represent not only defences, but also substitute outlets for the energy of inhibited forces of growth. These psychologically malignant expressions of aggression may be necessary to the organism to prevent either psychological disintegration and suicide, or possibly even somatic malignancies.

IV. EQUILIBRIUM VERSUS GROWTH

One of the unitary principles of science applicable to both closed physical systems and also to open biological systems, although in different ways, concerns stability, equilibrium, or homeostasis. In latter years concepts

regarding humoral and nervous maintenance of internal equilibrium and apperceptive devices for keeping the external world seemingly steady have been applied to psychological functions. The ego, defined in the psycho-analytic sense, may be considered a homeostatic regulator of the multiple internal forces in transaction with and within the environmental field. With each system of organization, no matter what its degree of complication, homeostasis is concerned with maintenance of life. The capacity to establish equilibrium permits variation in functions of open systems within ranges specified for that system. Within these ranges there is stability, and opposition or inertia against change beyond species-determined limits.

Homeostasis in open biological systems is concerned with attempts at maintenance of equilibrium or efforts to regain the environment that can re-establish a past equilibrium. It is a general principle which categorizes the activities of instinctual drives and psychomotor activities that are vital and self-preservative and lead to *goal-seeking* activities ranging from silent humoral or nervous part-alterations to violent aggressive behaviour of the whole organism. Although homeostatic goal-seeking mechanisms are basic properties of the biological core in personality, they change in modes of expression by maturation of special human zonal functions and by conditioned and symbolic learning from the human and physical environment which stimulates or restricts the available mechanisms. These modifications, as indices of growth or at least change, tend to disturb the internal-external equilibrium and overcome the inertia of goal-seeking devices.

Physiological growth seems to have a constitutional organization of co-ordinated changes of parts and the whole, and relatively constant pace-making controls, although these may be upset by catastrophic internal or external influences. Just as homeostatic principles have been applied to ego functions, so is there usefulness in applying to psychology the principles of growth and change as potentiating forces and differentiation of the psychological system, although probably dependent to a greater degree than somatic systems on external stimulation, are also probably under the control of organizing processes, gradients, and pace-makers. The Freudian concept of linking libidinal organization and ego growth to body zones indicates the integration of timing in

somatic and psychological growth. Correlations are abundantly exemplified between ego maturation and central myelinization, perceptive discriminations and co-ordinated hand to mouth movements.

Although physical growth is self-limited, we have as yet observed no limits to psychological growth except that set by the ageing of somatic organs, and no limits to social and cultural change. Human individuals and their collective societies seek new experiences, new challenges, and new concepts. They seem as much involved with growth, development, and change independent of self-preservation, although new devices of internal regulation and homeostasis closely follow each change.

Man, more than any other animal, is excessively and for long periods of time dependent on parental figures. Because of excessive dependency or restrictions on growth or because of the lack of sufficient stimulation or satisfaction, individual inertia against personal growth often increases. For one of such reasons the organism becomes fixed or held in a more or less dependent position and is not capable of utilizing its growth-potential. If it is able to develop to any degree, the inertia or longing for its previous dependent relationships make it vulnerable in times of stress or disappointment to regress to the old states of dependency.

The healthy or so-called normal individual has passed through a reasonably satisfactory period of gratification appropriate to various phases of growth and has been able to utilize his particular growth potential to a considerable degree. The always present need for equilibrium and stability and its never satisfactory fulfilment is represented by the individual's participation as an integral and dependent part of a whole group. There are many possible permutations of utilization of growth-potential and dependency, but in all types of personalities there are combinations of both. It seems to me that psychological growth expresses change as the organism or society develops newer organizations for the expression and satisfaction of primary drives. Changing goals accompany a utilization of other systems capable of operating through longer time-spans and greater distances for the purpose of obtaining the same basic satisfactions. These systems develop as assemblages around the retained primary core of personality.

There is more than a change of goal involved in growth in which the actual or direct object

(or its sign) of satisfaction is abandoned for symbolic gratification, where the symbol stands for classes of signs. The new acts must be rewarding and the concept of *ought to* must be understood. It is this that conditions or supplies the shame response.

The difference between homeostatic goal-seeking and growth may be expressed in another way. Growth may be measured by the number of goals which an organism can attain. As growth increases the organism can deal with more environments without repetitively searching for the same ones. The ability to reorganize, to seek new stimuli, and then to make appropriate response patterns part of one's stable internal organization may be a measure of growth. Such transformations of environment and of self occur without loss of internal cohesion or organization. Growth involves an efficiency of integrated goal-seeking, goal-setting, and goal-changing. Neurotic inefficiency is exemplified by the repetition-compulsion of goal-seeking, the compulsive goal-setting, and the phobias against goal-changing.²

The operational procedures by which we usually isolate the goal-seeking from the goal-changing devices in the psychological field are those of anecdotes of behaviour and psycho-analytic reconstructions. From these we may extrapolate a longitudinal pattern which indicates the direction and development of growth and its blocking inertias. Reliability is high if one studies a single cyclic pattern in which the attainment of a goal trips off a reaction opposite to the primary goal. Under the assumptions which I have stated here the simplest cycle would be dependency, shame, attempt at growth (overcompensation), failure, depression, dependency, etc. Such a cycle is sometimes difficult to

isolate because its parts may be separated in time and space or observable only in different social rôle structures. When more than one of such patterned functions are studied, including for example aggression, sexuality, guilt, etc., we get into a much more complicated field that requires considerable interpretation with less reliability.

We are on safest ground when we can link such a psychologically composite growth and inertia pattern to somatic experiences as in case 2, or with behaviour in a case of celiac syndrome which I have recently described. The early somatic experiences occurring before the psychological systems have matured tend to pattern them in the same mode as far as goal-seeking devices are concerned. Behaviour may be better understood through action in which the individual searches for these "socially institutionalized rôles to which his patterned, implicit rôles most perfectly fit.

I have simplified this presentation for the sake of demonstration, being fully aware that the simplification in itself may raise many objections. I think that we cannot understand growth and development in the psychological systems apart from its history and past as a part of the psychosomatic whole before differentiation. Also we cannot understand these patterned responses without an abstraction from the action patterns in interpersonal or social situations. We know that each person throughout his lifetime partakes of many rôles and many nuances of partial rôles. It is through the study of patterned responses which often take cyclic form that we may see how growth makes possible the search for new goals. Although new methods are developed and apparently new goals are sought and old ones are abandoned, the organism still functions in the same direction

² Benedek stated in her discussion of this paper: 'Grinker defines growth as characterized by multiplication of goals and by the maturation of goal-changing devices. I would like to translate this concept into the language of the instinct theory which will make it sound familiar to psychoanalysts. In this terminology, growth means the progressing organization of instinctual energies to supply the motivational energy (drive) towards the goals which change appropriately according to the developmental level. This implies all that we know and that we do not know about the vicissitudes of instincts. Here I want to emphasize only one maturational change in the range of the polarity of active-passive. In the communication between infant (subject) and mother (environment) the infant is passive. His dominant tendency is to be fed, to receive. During maturation the need to be fed changes to an active tendency, the need to feed. It is an oscillating process by which the dominant tendency changes from passive to active. The ego-ideal

of the adult woman represents the aspiration to feed, to be a mother. The ego-ideal of the adult man, although to a lesser degree on a biological level and to a greater degree on the sociological level, includes the aspiration to be a provider, a father. If the frustrations of the early dependent period lead to the formation of an ambivalent, narcissistic core of the personality, the ability to fulfil the goal of the adult instinctual need is inhibited. I select the frustration of the needs implied in motherhood because the inertia, the arrestation of the growth potential in this area, in many instances, can be proved on a measurable, hormonal level. The fear of not being able to live up to the adult ego-ideal mobilizes shame and depression. (This in turn negatively influences the mother-child relation, thus transferring the intensity of the ambivalence in the core of the personality organization from generation to generation.) But frustrations caused by other conflict areas also lead to an inhibition of growth.'

as its past. Structure has been transformed but not function. Goals may be changed but not needs.

V. SHAME FROM FAILURE IN GROWTH

Piers has recently called our attention to the phenomenon of shame as a differentiated form of inner tension concomitant with and comparable to the internalized punitive aspects of parental images that we call superego. He finds it difficult to conceive of shame as being established without the influence of culture. According to Piers shame arises out of a tension between the ego and ego-ideal when a goal is not being reached and such a 'shortcoming' stirs a threat of abandonment. Piers seems to be aware of the possibilities of both the innate and cultural sources of shame, for he states that the ego-ideal is on the one hand the sum of the positive identifications with parental images and later identifications with institutionalized ideals and social rôles, and on the other hand it contains a core of narcissistic omnipotence and is in dynamic interfunction with awareness of the ego's potentialities for the sense of pleasure of maturation and mastery.

Erikson relates the sense of shame to the long period of dependency of the human infant and its exposure to attitudes of trust and mistrust from those around him. Shame is specifically developed when the child is developing his sense of autonomy and control of performances that are visible to others. The transactions between what the child can do and what is expected of him seems to be Erikson's concept of shame uncovered by guilt, leading to later voyeuristic or exhibitionistic tendencies. Here the cultural influence of 'shaming', especially during the period of toilet training, seems to be emphasized.

I should argue that there is a primary nuclear shame similar to the rudimentary superego arising before culture has exerted much influence. The later developing shame is influenced by culture and the non-realization of ideals which have been directed, selected, and conditioned by the culture. Primary or nuclear shame develops early in life and is the antithesis of inertia. However, as a psychological phenomenon, shame or failure of growth-potential, or pride as the converse, is subjectively recognized when it can be attached to mental images or words, when comparisons are possible. It is then the source of a self-reflective process stated as: 'I am not as good as he is or as they expect me to be, therefore I hate my-

self.' This is often associated with depression.

A nuclear and innate shame, overlaid by assemblages of shame derived from comparison, suggest a specifically human psychic quality. The growth-potential is expressed in all phases of life and begins in the earliest symbiotic mother-child relationship when the needs of the child in its long period of human dependency are furnished by others. Soon there are stirrings of the beginning of autonomous development and self-realization. The 'self demand' child insists on holding its bottle and on increasing amounts of 'me do it self'. These are expressed in every human being and permeate through all phases of life. Since in our culture human beings do not perish because of growth inertia, all degrees of defection in psychological growth may be seen.

What is the scale on which man rates himself? His culture and the social rôles that he has been taught and incorporated establish scales of performance of later behaviour and accomplishments. But primary shame must be related to the speed and completeness with which somatic and psychological structure-functions mature. Where is deviation registered? Are the discrepancies those of the organizer of pace-making functions inherent to the species or those of the individual's specific genic-determined growth-potential? Such questions have no current answers. But once the shame image develops it persists throughout life no matter what secondary accomplishments are achieved.

VI. THERAPEUTIC PROBLEMS

Psycho-analysts try not to push their patients into activity or regression, and do not praise or punish for specific modes of behaviour or thinking. But indirectly, tacitly and covertly the value judgements of the therapist enter into the changing superego and ego-ideal of his patient. Just as culture selects and directs the contents and direction of learning, so psycho-analysis strikes at specific behavioural, symptomatic, and characterological defences in an effort to free the growth-potential from its neurotic chains. We are aided by the fact that these have caused the patient suffering or have endangered his life.

One of the dangers in uncovering therapy of any type is the patient's confrontation with the quality of his unsatisfied needs, his failure in growth, and his inertia characterized by compulsive search for unchanging goals. At varying

levels of organization, quantities of shame will be exposed. The form of transference will vary depending on the organization of inertia, of shame and the defences against the primary or core personality. The range is from abject inertia and whining or aggressive demands for infantile care or deep depression while the infantile ego recoils with anxiety and terror at the sounds and sights of a hostile world. (As Benedek pointed out in her discussion, this is a special form of *negative therapeutic reaction*.)

The countertransference may be maternally seductive towards deep or rapid regression and a high value placed on therapeutic, hopefully temporary, dependency. Sometimes countertransference attitudes may consist of firmness and *tacit* urging towards growth and change either at the onset or too soon after regression has developed. Some analysts may vacillate between these two attitudes as many parents do, seducing dependency and urging growth at the same time. (As Piers stated in a discussion of this paper, we should be aware of our frequent contempt for our patient's defences.) We alternate in ourselves between goal-seeking and goal-changing, as do all human beings, but for the treatment of our patients a delicate balance between the two and accurate timing is necessary.

During the war Spiegel and I coined the term 'syndrome of ego depletion' as applied to a type of reaction to severe stress. Young soldiers who were relatively free of crippling neuroses could take no more of the stresses of war and regressed to child-like states. They cried, were depressed, had difficulty in sleeping, great anxiety and many nightmares, and needed immense quantities of food and drink. They were treated with unfailing supplies of milk and 'cokes' and were listened to patiently by a

psychiatrist in daily sessions without interpretations. After several weeks or months of this régime many boys developed a sense of shame and would suddenly state that they couldn't take any more of this 'chicken' and asked to be returned to duty. These patients possessed their own therapeutic timing devices.

Psycho-analytic patients rarely have such self-timing devices, because they are more permanently and seriously neurotic than the temporary combat cases. We should try to keep aware of the degree of strain on the patient by the demands from his environment and the therapist, and the degree of shame developed from the permissiveness of therapy. Limits have to be set.³

Piers indicated that in people with much shame, the first therapeutic steps bring out either increased shame or increased compensatory activity by virtue of the establishment of transference. He states that the one prerequisite for successful therapy is the ability to sense the patient's potentialities for which the therapist can attain respect without narcissistic expectations or ambitions. In older patients whose past record of work and achievement has been good, references to these are often antidotes to severe shame reactions in the face of current regressions. In younger persons with no record, confidence in the future is sometimes difficult for both the therapist and the patient and is largely built on hope furnished by the therapist with whom the patient may be able to identify himself.

VII. SUMMARY

I have presented a few cases and alluded to others in an attempt to show that therapeutic procedures, both psychotherapy or psycho-

³ Benedek stated in her discussion: 'The pacemaker of the therapeutic process is the therapist. This is the meaning of all that we know about the handling of the transference. The concept of growth, however, adds a new dimension to the therapeutic process; in this context, handling of the transference means more than just directing the reliving of the past, the working-through the patterns of adaptation designed by the developmental processes. The concept of growth brings to the fore the Janus-face of the psycho-analytic process; the transference is turned towards the past and towards the future at the same time. Thus we must learn to attune our 'third ear' to manifestations which indicate not only resistance against the insight into the significance of the past but resistance against growth, which is future. The technical problem is how to meet the immediate task of avoiding or alleviating the mobilization of intense, disorganizing shame reactions.'

⁴ I cannot agree with Grinker when he so sharply separates psycho-analysis as technique from ego-strengthening, supporting devices, as if the latter would

necessarily interrupt and postpone the psycho-analytic process. He has presented brilliantly the reasons and the situations which compel the analyst to act as a mother who can listen not only to what the patient says and wants, but also to what the patient needs. Many detailed studies of special psycho-analytic situations will be necessary to point out the dynamics and the techniques of support and ego-building as an integrated part of the psycho-analytic process and not separated from it. The problems of therapy implied in Grinker's presentation indicate that we must re-evaluate the famous statement about the alloy of the pure gold of analysis and the copper of "suggestion". Psycho-analysis as a therapeutic method cannot afford to remain "pure gold". It must be alloyed not with suggestion but with the understanding of the need for support and its technique at every phase of the therapy. Only then can we learn to diminish the hazards of growth; only then can we become productive in analysing the psychodynamics of growth and support our own hopes for success in our therapeutic effort.'

analysis, based on current psychodynamic concepts may have a mortality and a morbidity. As analysis penetrates to deeper core levels or organization beyond the goal of resolution of oedipal and bisexual conflicts it encounters special problems and dangers. These seem to be related to the universal human self-reflective, innate and/or learned, attitudes of shame at failures in realization of growth-potential. The dynamic phenomena observable to therapists, who attempt to break through defences producing neurotic suffering in an effort to stimulate the learning of new patterns of psychological organization, reveal interesting aspects of goal-seeking homeostatic regulation and goal-

changing growth processes. Within the permutations of these forces of inertia and growth develops shame, to some degree innate, to some degree learned. The current techniques tend to break up illusory defences in the hope of reducing suffering, but may instead result in regression to levels of organization poorly equipped to handle reality in an adult world and reach even psychotic-like states. Defences may be reconstituted with difficulty. Shame at inertia may be dangerous and lead to self-destruction. For the technical problems raised by these theoretical concepts, all therapy including psychoanalysis should include positive procedures to avoid such mortality and morbidity.

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THE RÔLE OF THE SUPEREGO AND EGO-IDEAL IN CHARACTER FORMATION.

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As a result either of major alterations in the personality structure in Western culture within the past fifty years, or of the increasing maturity of psycho-analysis, we hear on every side that the nature of our patients has undergone a gross change. The bulk of them are now said to suffer from character disorders rather than from symptom neuroses. Psycho-analysis has more and more set itself the task of altering these disturbances of character, a task which is significantly more difficult, by and large, than the treatment of symptom neuroses. In fact, the recurrence of symptom complexes in the course of the treatment of character disorders is generally looked upon as progress towards a cure.

With the increasing recognition of character disorders there has been a proportionate increase in our need for more information about character development and character structure. In recent years there has been more and more emphasis in psycho-analytic thinking on the pregenital phases of personality development and, more particularly, on the primitive precursors of the ego. Through these researches we have established the fact that there are significant contributions to character formation which are of pre-oedipal origin. We have long been aware of the contributions to character formation during the oedipal phase, but have tended to place comparatively little emphasis on those occurring during the latency period, pre-puberty, puberty, adolescence, and adult life. This has perhaps arisen because of the comparatively greater emphasis on and investigations in these areas by pre-analytic writers; however, there has been little tendency to incorporate these findings into psycho-analytic thinking and to extend them in the light of our psycho-analytic knowledge.

Through the discoveries of psycho-analysis the genetic basis of neurosis and of character development was established. In the course of making these discoveries it was necessary to set aside the comparatively lesser influence of later

life experience. A re-evaluation of the influence of these later experiences is necessary on the now firm foundation of our substantial knowledge of development during the first five years of life. This does not imply any negation of these discoveries concerning early life experiences, but proposes an addition to them, since we need no longer fear that psycho-analysis will be overpowered by a non-genetic psychiatry, as might once have been the case.

Our investigations of the rôle of the superego and ego-ideal have tended to lag behind those of the rôle of the ego in the attempt to extend our conceptual basis of personality development. Extensive enquiries are being carried out in order to re-evaluate our concepts of ego origins and development, and a similar re-evaluation is needed in connection with our concept of the superego and ego-ideal and of the related process of sublimation.

The superego depends for its formation upon identifications, with a massive crystallization of this process as Freud puts it in *The Ego and the Id* (4, p. 69), 'When the object relationships of the Oedipus complex are regressively replaced by identifications'. The superego is in effect the heir of the parents, and depends upon threats of loss of love and the mobilization of the affect of guilt as well as upon the proffering of love for its fundamental participation in personality organization. Needless to say, the superego consists essentially of the *internal* reactive processes to the parents or their surrogates and not to them as they were in the light of perfect reality testing. It is also clear beyond contradiction that the quanta of energy with which these 'identifications' or 'internalized objects' are endowed are supplied from the same reservoir from which all other mental operations of the individual draw their energy. It appears altogether improbable that any of the energy with which the identification is endowed could have come from the parental source as such or, in fact, from any external source. Yet it seems that the parent or

other source of identification does supply the particular stimulus out of which the internal reactive process develops its definitive configuration.

Freud in his Preface to *Psycho-analysis and War Neuroses* (5, pp. 83-8) indicates that 'the adjustment of a newly introjected object to the original superego may give rise to complications' as described by Fenichel (3, pp. 469-70), and Fenichel further says: 'In addition to the construction of the superego, the formation and modification of ideals in later life, too, are of importance in forming the character.' Sometimes certain persons, who serve as models, or certain ideas become 'introjected into the superego' in the same manner as the Oedipus objects have been introjected in childhood; at other times the later 'ego ideals' seem to remain more peripheral in the personality.' It is my intention to explore further these later 'additions' to the superego.

There would seem to be no question but that the superego is in our culture a well-established institution by the age of five to six years. There is, however, ample evidence to sustain the fact that the introjection of further individuals or ideas is not terminated at this point, but that for a number of years thereafter this process continues, with fluctuations, only to decrease ultimately late in life. In general, psycho-analysis has tended to direct its attention to the early and more important phase in which the superego is first established; however, examination of the later introjections offers a fruitful source of information about the process of introjection. That this process is a continuum is amply borne out by our justifiable emphasis on education and our desire for teachers who will function as ego-ideals, a concern we should hardly have if all the necessary ingredients for character formation had already been internalized prior to the latency period and adolescence. It would seem that the superego, which develops with the resolution of the oedipal dilemma, is rather a disturbed, represents a behaviour pattern for further introjections along this established channel, rather than a *fixed static* body, as may sometimes be inferred. I am under the impression that this is the presumptive basis upon which we have employed the concept of the superego. Through regular usage and the greater ease with which we deal with structural concepts as opposed to functional ones there is the tendency to look upon the superego rather

too exclusively in its topographic and dynamic senses. From the economic point of view, the process of habituation to some given form of internal functioning, and introjection represents such a process, seems of prime significance. This is consistent with the pleasure principle, which seeks the easiest pathway with the least expenditure of energy as a channel of release.

Psycho-analysis justifiably proposes to bring about certain constructive changes in the neurotic superego, and with this proclaims that this superego is malleable and subject to change. There is little reason to feel that what may occur with some certainty through psycho-analysis may not occur occasionally through accidents of living. I would question whether it is a tenable position that only the neurotic superego is malleable, and if the healthy superego is malleable it should follow as a corollary that it too is subject to accidental change. The opinion that the superego becomes fixed at an early age and subsequently remains essentially unaltered has been advanced by Melanie Klein (9, pp. 250, 252, 369) among others, although she implies that the superego can be altered at a later age through psycho-analysis. It is of interest to note the finality with which some of these statements are made. James Strachey (14, p. 136, note) states, 'In practice nothing except the process of analysis can alter it (the superego)', and Ernest Jones (8, p. 345) says, in his discussion of intrapsychical conflicts, 'The period when they are generated is always the first three or four years of life, after which the *structure of the personality* has been established for good or ill.' Freud (4, p. 69) takes a significantly different position when he writes: 'Although it (the superego) is *amenable to every later influence*, it preserves throughout life the character given to it by its derivation from the father-complex, namely, the capacity to stand apart from the ego and to rule it.' He does not talk of a fixed superego or personality, and while the derivation is essential, it presumes further significant additions. Certainly psycho-analysis offers a controlled opportunity to observe alterations in the superego and to bring about therapeutic changes in it, but this does not give adequate grounds to assume that it is the only means by which such changes occur after the onset of the latency period.

Those who have had occasion to work with adolescents in non-analytic situations seem strongly to confirm the prospects of alteration of the superego by means other than psycho-

analysis. August Aichhorn, as the last paragraph of his classic book, *Wayward Youth* (1), says:

'What helps the worker most in therapy with the dissocial? The transference! And especially what we recognize as the positive transference. It is above all the tender feeling for the teacher that gives the pupil the incentive to do what is prescribed and not to do what is forbidden. The teacher, as a libidinally charged object for the pupil, offers traits for identification that bring about a lasting change in the structure of the ego-ideal.¹ This in turn effects a change in the behaviour of the formerly dissocial child. We cannot imagine a person who is unsocial as a worker in this field. We assume therefore that the ego-ideal of the child will be corrected through the worker's help in bringing him to a recognition of the claims of society and to participation in society. Our work differs from that of the psycho-analyst in that we use the transference to accomplish an entirely different task. In the analysis of neurotic patients, the transference must be used, not for temporary improvement, but to give the patient strength to complete a special piece of work, to change unconscious material into conscious material and thereby to bring about a permanent change in his whole being. In remedial training we cannot be content with transient results which arise from the emotional tie of the dissocial boy or girl to the worker. We must succeed, as in psycho-analysis, in bringing the wayward youth under the influence of the transference to a definite achievement. This achievement consists in a real character change, in the setting up of a socially directed ego-ideal; that is, in the retrieving of that part of his development which is necessary for a proper adjustment to society.'

Erikson in his book, *Childhood and Society* (2, p. 228), says in his consideration of adolescence: 'In their search for a new sense of continuity and sameness, adolescents have to refight many of the battles of earlier years, even though to do so they must artificially appoint perfectly well-meaning people to play the rôle of enemies; and they are ever ready to install lasting idols and ideals as guardians of a final identity.' He then further states: 'The integration now taking place is more than the sum of the childhood identifications. It is the accrued experience of the ego's ability to integrate these identifications with the vicissitudes of the libido, with the aptitudes developed out of endowment, and

with the opportunities offered in social rôles. The sense of ego identity, then, is the accrued confidence that the inner sameness and continuity are matched by the sameness and continuity of one's meaning for others; as evidenced in the tangible promise of a "career".'

It would seem unnecessary to labour further the thesis so admirably expressed by these authors. Neither seems to challenge the concept of the earlier formation of the superego, but both express clearly and with conviction the necessity for later significant alterations of the 'superego' through the processes of introjection and identification.

The concept of the superego has been considerably hindered by its unwieldy nature. Because of this there has gradually crept into the psycho-analytic literature a splitting of this concept into a superego and ego-ideal. This change occurred in common parlance as a product of our work with patients and the resultant need to delineate certain groups of introjected objects as playing significantly different rôles in character operations from certain other introjected objects.

In Freud's formulations of the superego in *The Ego and the Id*, there is no attempt to differentiate between the superego and the ego-ideal, the two terms being used synonymously. Attempts have subsequently been made by Jones (8, p. 146), Nunberg (11), and Annie Reich (12, p. 29) among others to differentiate the superego and the ego-ideal. In this connection Ernest Jones states (8, p. 146): 'The superego has several conscious derivations—for instance, conscience, ego-ideal, etc.—but it itself has to be carefully distinguished from them. Thus the essential superego is an institution of the unconscious, so much so that to make a patient aware of its activities is often an extremely difficult task.' In his glossary (8, pp. 497–500) to the same book he defines ego-ideal as 'The standard of individual perfection that evokes aspiration', while the superego is defined as 'The unconscious conscience that criticizes id impulses and gives power to the ego whenever the latter wishes to accept dystonic id impulses.' While the difference is sharp, one might question whether the ego-ideal is entirely conscious. I myself, like many psycho-analysts,

¹ The editors of this volume appended, that was in 1935, the following footnote, p. 211: 'In this chapter, the terms "ego-ideal" and "super-ego" are used synonymously. Among the majority of writers in psycho-analysis, "super-ego" has gradually supplanted

the older term, "ego-ideal".' Recently there has been a tendency in psycho-analytic literature to use "ego-ideal" to differentiate special functions within the "super-ego".'

am of the opinion that it is not and that the ego-ideal, like the superego, needs unconscious roots for its smooth operation.

Annie Reich (12, p. 29) defines the ego-ideal in the following manner: 'Such ego-ideals should be distinguished from the concept of the superego. The superego represents a taking over of the parental do's and don'ts. In spite of childish misunderstandings, the formation of the superego is based upon acceptance of reality; in fact, it represents the most powerful attempt to adjust to reality. The ego-ideal, on the other hand, is based upon the desire to cling in some form or another to a denial of the ego's, as well as of the parents', limitations and to regain infantile omnipotence by identifying with the idealized parent.'

I am in essential agreement with the mode of operation of the ego-ideal as here defined during the early period of life, although one might question the advisability of using this term for a primitive mode of operation, since it has come to signify the later and more mature form of the same process. It is my impression that what Annie Reich is describing in this and a later article (13, pp. 218-38) are the early forms of a structure, the ego-ideal, which represents an integral part of the mature character. It is true enough that through early narcissistic threats the later ego-ideal may become distorted, as she has so well brought out, but I have attempted in a previous paper (10) to define more adequately the essential operations of the ego-ideal at the mature level.

I am of the opinion that the term 'ego-ideal' should not be used to describe the punishing or loving superego as such, based as it is on the resolution of the oedipal struggle. The concept of the ego-ideal is of use to define that particular segment of introjected objects whose functional operation has to do with proposed standards of thoughts, feeling, and conduct acquired later than the oedipal superego, but having its roots in the early pregenital narcissistic operations against anxiety. This operative unit seems to play a separate rôle in character formation and functioning. It is clearly related to the superego but has different origins and a different function from it.

In so far as the relations of the superego and ego-ideal to the ego are concerned, there is this to say. The superego exercises its power through the threat, or the employment, of the special form of anxiety known as guilt or through the anxiety emerging from the threat of withdrawal

of its love. It thus may be ego-alien or may in fact on occasion side with the id against the ego. The ego-ideal as above defined has the special characteristic of always being ego-syntonic in character and has in fact been compared to a 'loved object' (6, p. 74). I believe it fallacious, however, to consider the ego-ideal an intrinsic part of the ego, since it is by no means bound by the ego's regard for reality in the usual narrow sense of the term.

There has been in recent years a tendency to assign a greater and greater share of the total personality organization to the ego. From an original rôle as an outer core of the id, it has at last been given its more appropriate rôle as the major synthesizing agent of the character. My impression is, however, that with the current enthusiasm of discovery, its operations have been perhaps over-estimated, and it is seen falsely as performing certain functions which would best be considered as part of the superego—ego-ideal system.

The ego is governed by the reality principle, and some are inclined to assume that a function which can be as integrative in personality functioning as the ego-ideal had best be considered an integral part of the ego. This tends to overlook the fact that we must look upon reality from various aspects. In so far as the presumed 'objective' observer is concerned, the 'hero-worshipping' aspects of man may appear unreal. However, they appear to have an inner reality and often inspire man to performances that the ego, with its regard for 'reality', would pronounce unreal indeed. Since all our attempts to describe given segments of the personality organization inevitably introduce an element of artificiality, perhaps it would be clearer to speak of the adequately functioning ego-ideal as being contiguous with the ego, serving as a model of what one is as well as what one would like to be, and thus contributing to the ego's security. I say this because our internal image of even our physical selves at any given moment coincides but poorly with our physical appearance as it may be observed by others. I believe that this internal imagery is closely bound up with our ideals of what would represent our individual concept of a model appearance. We would prefer to feel that we approximate to it more closely than we do in fact. I choose our concept of our body image as an illustration, but it is only one sample of the extensive interplay between ego and ego-ideal modes of operation.

I should like to explore the technical implica-

tions of a clearer concept of the rôle of the ego-ideal by a brief consideration of an incident recalled during the course of analysis. Psychoanalysis, with its investigation primarily of the neurotic disorders and oriented as it is to therapy, has very justifiably tended to centre its attention on the genetic origins of any given memory. Freud in his paper on 'Screen Memories' (7, pp. 66-7) defines a screen memory as 'one which owes its value as a memory not to its own subject-matter but to the relation existing between that subject-matter and some other, suppressed psychical material'. And further, 'they are extremely well remembered but that their subject-matter is completely indifferent.'

Such memories should be sharply distinguished from memories where the subject-matter is not indifferent. Here too we are interested in exploring the genetic origins of such memories, but they are not matters of indifference as significant formative experiences.

If we apply ourselves to these memories which are not indifferent from the point of view of character development, the same memories would clearly represent not only the repressive techniques for earlier experiences but also significant experiences in their own right, and often significant introjections. This may depend upon their bond to earlier experience; however, the character of such later experience is in itself a matter of significance in character development.

To illustrate this I should like to cite a particular memory of a patient. He was a man in his middle thirties who had come into analysis primarily because of a rigid, obsessional character and the gradual recognition on his part of the narrowness and inhibition in his living. The immediate cause precipitating his coming into treatment was an increasing sense of estrangement from a woman friend upon whom he had been extremely dependent without, however, being able to identify his dependence consciously. The particular memory which interested me in this regard was as follows:

He was in the 7th grade of school and was required to take a test in a subject, civics, in which he felt poorly equipped. He prepared a small bit of paper with certain now unrecalled data related to the subject matter and secreted it in his hand during the examination, but did not refer to it and did well in the examination. On turning his paper in, however, the bit of paper fell from his hand, and was recovered by the teacher. The patient experienced the profoundest dread regarding this and anticipated that he would be given a zero for the test, if not some

more violent punishment. The following day the papers were returned and the patient found that he had been given credit by the teacher for all the material except the specific content of the bit of paper.

The patient's associations led back to an earlier experience with his father where he had anticipated punishment for a poor performance at school and had instead been dealt with by him in a kindly fashion, then to his dread of his father, and eventually to his own ambivalence in relation to his father.

Treated genetically the school incident was therapeutically useful; however, its particularly sensitive handling on the part of the teacher was a significant contribution in its own right to the healthful character development of my patient. It might be argued that had the prior groundwork not been laid in his earlier life experience, this experience would have been of no great significance. However, a foundation does not make a building. This particular experience assisted my patient 'in the setting up of a socially directed ego-ideal', to use Aichhorn's words. As analysts we must explore the neurotic implications of any piece of behaviour reported; care should be taken, however, not to interrupt the adequately functioning synthesizing activities arising out of previous fortuitous life experiences.

In so far as the technical usage of this concept is concerned, they are manifold. It may be enough at any given moment simply to listen with greater insight to this as well as the other aspects of the patient's associations. Not infrequently the patient is himself aware of the significance of some such experience, and simple agreement may supply him with such a measure of ego support as to allow him to lessen his defences and explore hitherto unavailable aspects of the same incident. Sometimes clarification of just such significant experiences will then permit him to take the next step in exploration of the accompanying genetic implications. I here mention only a few of the immediate advantages in treatment of greater awareness of this facet of the personality development.

To summarize:

(i) The development of character analysis and of the modern concept of the ego has made necessary a change in our concept of the super-ego and ego-ideal.

(ii) The super-ego is best looked upon as a functional pattern of introjection rather than as a fixed institution.

(iii) The separation of super-ego and ego-ideal

offers the possibility of the further clarification of the rôle of introjection in character formation.

(iv) The ego-ideal has its roots in primitive parental identifications.

(v) The ego-ideal in the mature individual is dependent on these early identifications as well as upon later significant persons, but not on either of these alone.

(vi) The ego-ideal is a distinct psychic institu-

tion related to the ego and superego, and it makes essential contributions to the process of sublimation bound by an inner reality making for inspired performance.

(vii) The technique of psycho-analysis includes not only the tracing of these later ego-ideals to their genetic prototypes, but the analysing of them as significant contributors to character formation.

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THE COMMUNICATIVE FUNCTION OF THE DREAM

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The dream is inherently—in appearance at least—a narcissistic phenomenon, entirely intrapsychic. The actors and the audience are alike the dreamer; the ultimate purpose of the action is to preserve the most narcissistic of mental states, sleep. Nevertheless, there are communicative elements about the dream and, as will be set forth in this paper, within the dream itself that are of great importance not only for the therapeutic approach but for the theoretical formulation of dream psychology.

The urge to communicate one's dreams was described by Ferenczi (4), who pointed out that the listener chosen for this purpose is preferably the actual subject of the dream. The urge to communicate, therefore, arising out of the dream may be seen as a continuation of a tendency within the dreamer to establish contact with reality, as represented by the day's residue. This aspect is, of course, of intrinsic interest during analytic treatment.

Freud, even in his early investigations, described dreams motivated by the desire to prove that he was wrong (8)—a motivation that achieved its aim even more directly when the dream was subsequently reported to him. For a fuller understanding of Freud's own dreams we must be mindful of his intention to publish them—a motive related to the impulses that were inspiring his self-analysis at the time. The importance of this point is quite apparent, as emerges from Freud's own discussions and also from recent re-analyses of his dreams by Erikson (3) and Winterstein (21).

Pertinent, too, is the fact that Freud's latent hostility to Fliess is revealed in his otherwise friendly letters solely through a reference to the 'non vixit' dream with the accompanying remark, 'I find I am delighted to have survived you' (9). The need to communicate the banned hostility in this way doubtless entered into the dream wishes; reactions against this prompted the 'hypocritical dreams' dealing with Fliess. From this standpoint, the letters assume *in toto*

the function of a manifest content that is communicated as a defence against the strivings of the latent content to make itself known.

The most primitive and widespread interpretation of dreams regards them as messages from the divine (or, in modern variant, as 'telepathic experiences'). In this is to be seen not merely a particular form of sanctioned insight but also a projection of one's own need to communicate. St. Paul, after his vision, goes forth to preach the word and insist that others accept it. Numerous writers and artists, literally inspired by their dreams, have not completed the dream work until they have communicated it to an audience. In the fate neuroses, revelation of the dream plays an important part in provoking the very events portended in the dream (cf. the rôle of the oracle in the Oedipus drama). The urge to confess and be punished, strengthening the defences against unconscious wishes, yet also gratifying them, is prominent in this type of communication.

In a variant of this procedure, the Iroquois Indians celebrated a 'Feast of Dreams, a Saturday following a general confession of sins, with participants wearing disguises (of evil spirits?) and engaging in wild and destructive behaviour from which they could be deterred only if the victims were able to guess their dreams (7). In this charade the tormentor seems to have become an animated nightmare figure, taking a rôle very similar to that of the Sphinx in the Oedipus legend; the oedipal dreamer who solves the riddle presumably admits to similar dreams, and therefore to guilty knowledge. Confession is followed by relief.

Such ceremonials and dramas re-enact the conflict within the dream itself between the wish to sleep and the day residue that has become the vehicle of the emerging unconscious. The narcissistic and the communicative functions are reconciled if we recall the character of secondary narcissism. The dreamer, withdrawing from the outer world, can relinquish objects only by intro-

jecting them in symbolic form. External relations, therefore, including communication, are thereby internalized—reviving moreover, as we would expect, more primitive activities of the same nature from the past. Among these are identification and the mere acts of looking and being looked at, which are so important in the mechanism of dream formation. A single dream image may embody a complicated harmony of past and contemporary relationships and communications—viz., the 'R. is my uncle' dream of Freud, which condenses an exchange of opinions among several persons and is climaxed by a message to the dreamer himself.

Communication is ultimately inherent in the most basic forces that establish the boundary lines between ego and object: in sensory impressions, in motor responses and in the symbols, phylogenetic and synthesized, that record the evolution of the psychic structure. To experience and to communicate are as one; the infant assimilates and disposes of his first contact with the world by a cry. Object relations are therefore the elementary units of the mind structurally, dynamically, and economically. Primary narcissism, largely hypothetical, would be a state in which object representations are purely phylogenetic; secondary narcissism would deal with data assimilated from individual experience. Sleep, as the reintegration of an ego split by the intrusive claim of reality for attention, would become increasingly the return to a state of more advanced secondary narcissism as the balance of mental forces becomes more complex.

Studies of hypnosis suggest that sleep is induced by a splitting of the day residue, with the 'good portion' introjected and the 'bad' expelled (13). Falling asleep is not a simple narcissistic regression but the consummation of a conflict in which the good (oedipal or pre-oedipal) parent is re-attached to the ego and the bad eliminated. In anxiety dreams these endeavours are unsuccessful. The sleeper therefore is not truly alone, but 'sleeps with' his introjected good object. This is evidenced in the habits of sleepers—the physical demand of the child for his parent, of the adult for his sex partner, and of the neurotic for lights, toys, and rituals as preliminary conditions for sleep (20).

Among the latter, introjective measures are favoured—viz., eating or drinking, swallowing pills or taking baths, and of course in archaic form by nursing, rocking, and lullabies. The 'dream screen' is a relic and sign of the dream partner (14); in bedtime stories and prayers

there is often simultaneous appeasement and destruction of the parent through splitting devices. Conversely, the emergence from sleep is represented in myths as a reluctant departure from a beloved figure, often the result of taking a forbidden glimpse (opening one's eyes) as in the legends of Psyche and Eros, and of Orpheus and Eurydice. Sleep may also be represented as the enthralling power of darkness from which one seeks to escape (Persephone and Pluto). In both 'good sleep' and 'bad sleep' (Lewin), therefore, the ego is not alone.

The transition from sleeping to waking is not absolute, and the 'simple dreams' of children, taking their origin in real relationships, may carry the dream wish back into reality. For example, the communication by the disappointed little girl that 'someone' in a dream had given her cherries also contained an unmistakable hint to her father. In somewhat more disguised form, Little Hans' dream about the two giraffes was a tactful notification to his parents that he was now aware of the facts of life. Nightmares pass directly into communication when the child cries for his mother, or reflect the paralysing fear of being unable to establish such communications. Object relations established in this way 'from above' form the surface for a hierarchy of relations 'from below'.

The recession or approach of objects in dreams, for example, is likely to be linked with infantile memories of the approach or departure of the parents—i.e. with accessibility to communication, reflecting the momentary spatial configuration of the ego boundary. Falling and climbing or flying dreams represent the same principle and are determined in the male to a considerable extent by the experience of erection. A severance of communication, often with the connotation of death or castration, may be expressed in sleep by the direct evacuation of bodily contents or by such typical dream symbols as the losing of teeth, missing trains, etc.

Exhibition and examination dreams are usually traceable to a desire for (or fear of) communication; the blank dream with orgasm may represent, according to the usual antithetical meaning of primal symbols, both complete fulfilment of a wish to establish and a desire to break off visual contacts with an object. Olfactory, tactile, thermal, and auditory impressions, as well as motor impulses, can serve for such purposes in the same way as visual imagery. In the form of the dream and its description, elements like

gaps, dimness, and fading from memory, or their opposites, have their communicative significance.

Freud pointed out that, in the dream itself, the thought may intrude, 'This I must tell to the analyst'. As with the related impulse to write the dream, there is in this—as he discovered—resistance to making a communication. Others have also stressed the positive disposition of the dreamer, under the same circumstances, to give of and reveal himself (1, 2, 17). Both aspects are shown in a little masterpiece of communicative ambiguity, where the patient dreamed 'something' about his girl friend—he could recall no other details—and also had the thought, 'I must tell this to the analyst'. In its more positive form, this meant, 'I must tell the analyst that I have given up my dreams about my girl friend'. Freud, in a similar way, described the forgetting of a name in a dream as meaning 'I should not dream of that'.

Analysts have all had their experience with impending breakdowns of resistance that are heralded by a series of dreams, often after a long dreamless period, in which the urge to communicate (as spearhead of emerging instinctual drives) is manifested with increasing vigour, spelling its message in advance of the patient's conscious ability to deliver it. One agoraphobic woman, fighting off the recognition of intensified sexual feelings, was impelled to tell her husband—toward whom she was ordinarily most reticent about analytic matters—of a dream in which she was dancing with a certain man (the analyst). The teasing of the husband was also an admonition to increased alertness on his part (as was the agoraphobia), thus strengthening the defences, while communication of the same dream to the analyst, in contrast to her usual habit of forgetting dreams, served similarly to tempt him and bring about fulfilment of the intrapsychic communication that is expressed by the loving embrace with the dancing partner.

The disposition to communicate or to break off communications is manifested and most readily dealt with in the transference neurosis, which is intermediate between dream and waking and provides the analyst with the opportunity to enter therapeutically into the dream (13). The experiments of Fisher (5) have also offered evidence of this proposition, which may indeed be derived from Freud's observation that 'most of the dreams that can be made use of in analysis are compliant dreams and owe their origin to suggestion' (10).

As resistance increases the language of com-

munication both in free association and in the dream becomes more obscure and narcissistic. Acting out and somatizations become symbols of the internalized relationship from which the real analyst is split off, along with the objects excluded from the dream world. The approach through which such regressive behaviour can best be grasped and drawn back into therapy, even in the deepest schizophrenia, is the communicative aspect which enters into each symptom and act.

A patient, subject to asthmatic attacks when defending herself from entering into verbal expression of her desires for the analyst, used the dream to elaborate on the meaning of her symptom: 'I dream that I am lying on the couch and you are sitting at the other end of the room. I rise up to come to you but find that there is freshly laid concrete between us. This hardens rapidly as I put my feet in it. I am caught in a vice, am terrified and scream.' She awakened with an asthmatic attack.

The asthmatic attack represents the last fragment of the dream, which finds her entirely in the grip of her defences. Deeper layers lead into genetic and sexual aspects; the more immediate difficulty involves her desire to rise from the couch, look at and approach the analyst, etc. The therapeutic routine has caught her 'in a vice'; the attack is not only an inhibiting and self-punishing instrument (that gratifies her desire to grip the penis of the analyst in a vaginal vice) but is designed, like the scream of the nightmare, to secure immediate help—thus forcing the analyst to abandon his neutrality. This calls for an immediate response, but of a nature to restore communication to the verbal level. It is useful, too, to learn through the dream that as the result of free associations the patient feels she has 'put her foot in it', and the analyst must consider whether his own interpretations were 'too freshly laid', too 'concrete', and posed the threat of holding her 'in a vice'. The clues suffice for the attack to be traced back to certain recent discussions, where it was the analyst who failed to 'rise' to the occasion.

The reversal of relations establishes a form of mutual communication which in dreams, transference, etc., is extremely common. Analytic dreams frequently offer a variant of the following, which cannot be properly interpreted unless the apparent ego is interchanged with the apparent object. 'I am standing behind my brother, who is trying to replace a door that has come off its hinges. He is bungling the job, but

I decide to say nothing.' The dreamer is an obsessive individual who, beneath the façade of over-talkativeness, really says nothing. The analyst in turn has found no opportunity to break through this barrage and his silence does connote, as the patient suspects, disapproval. The inability to establish contact is also reflected in the difficulty of fitting in the door properly; on the other hand, a contrary trend is fulfilled in a situation that 'leaves the door open'. Toilet habits and pederastic fantasies underlie the imagery.

This latter dream really belongs among the 'mirror dreams' discussed by Miller (15) and others, that are related to dawning insight, to confessional tendencies and—in the guise of narcissism—to communications about others. Literary treatment of this theme is common and, as Rank (16) showed in his analysis of *Dr. Jekyll and Mr. Hyde*, *The Portrait of Dorian Gray*, and others, is frequently associated with the fantasy of the Double as a portent of impending mental breakdown both in the hero and in the author. The breakdown of identifications underlies this phenomenon.

Dreams and language emerge from the same roots. Pictorial images grade into spoken words. The interchangeable word play that links dreams, language, wit, and symptoms has been repeatedly emphasized by Freud and other analysts. Sharpe's observations on the origin of metaphor in the control of bodily functions (18) is pertinent in respect to the following dream of an exhibitionistic male with intense urinary urgency when subjected to psychological tension:

'I dreamed that someone was telling me a joke. He said, "There was this guy running around looking for a place to leak." Then he made some reference to urinating in a forceful arc from the kerb, but this is rather vague. Next he began to imitate someone with an urgent need to urinate, with wriggling of the body, flushed face, and so on. Then he finished by saying, "So finally this guy gets his dick out, but there is all the stuff stuck to the head of the penis." The implication is that instead of urine, he has discharged semen.'

In one direction, the dream extends into urinary memories and conflicts of childhood, when the dreamer would compete with other boys in sending streams of urine in an arc from the kerb. In another direction, there is reference to his difficulties in telling jokes and anecdotes—which are psychically equivalent to exhibitionistic urinating. The manifest content shows an

intriguing relation between the words and actions of the narrator: where the imitative actions would end in a display of the penis and in urination, there is a flow of words instead—a linguistic equivalent. The words themselves are in vulgar colloquialisms, in contrast to the more polished habitual speech of the patient himself—partaking therefore of the functions for which they substitute.

The jesting pertains to the clownish exhibitionism that is now emerging from the protective coverings of refinement. The urinary memories screen masturbatory and primal scene components; there is also an allusion to an embarrassing experience at college when semen instead of urine was discharged as he stood at a urinal. The whole has reference to free associations that become blocked by urinary impulses and motor restlessness on the couch. Much the same occurs during social conversations. Recent communications have shown a loosening of control and have brought into the analysis 'semen', vital substance, instead of urine as in the past. The startled reaction to his first emission is paralleled by his pleasure and embarrassment over a recent communication that escaped in this way.

The situation is resolved in the dream by projection: the exhibitionistic narrator is another person, a 'tough guy' instead of a college student, who boldly permits the inner contents to 'leak' forcefully from the 'kerb'. At this point the wit work stops—it has encountered resistances that make the dream vague in this area. In the end, the joke is on the analyst; only a residue is left and it is not possible to distinguish the nature of the material that has escaped. The frustration of the patient himself in interpreting the primal scene is reproduced and reversed.

Interest in the occurrence of directly quoted words in dreams has been revived lately by studies of Fliess (6) and Isakower (11), which investigate among other problems the relative participation of ego and superego in such productions. The ambiguity and oracular powers of the spoken word in the dream have furnished much of the folklore and impression of divine communication that centre about this medium, which borders upon the auditory hallucination. Word images, Fliess concludes, are nuclear to both ego and superego and 'the relation of ego and superego, although intrapersonal, has interpersonal characteristics'. This interpersonal aspect is re-established under conditions of

emergency, renewing the original state of superego formation in which the infant craved the protection of the parent.

An interesting illustration of this principle, which also shows the spoken word as derived ultimately from the cry of the infant for the parent, is contained in the following dream. A middle-aged woman whose elder sister was removed in dying condition to a hospital was left to sleep alone in the house with her brother-in-law. With her anxieties and oedipal conflicts thus stimulated, she dreamed that a strange man with a long moustache forced his way through her bedroom door, and she awakened in terror screaming 'Henry, Henry!' (the name of the brother-in-law). Later, she thought the stranger in the dream looked like a picture of her father, whom she had never seen because of his early death. Here the split between erotic and superego aspects of the reaction to the brother-in-law is apparent, with his name used as a superego charm to dissipate his own evil spirit. Nevertheless, she succeeded by her cry in bringing him into her room.

The quoted word in the dream marks the highest elaboration of the dream work short of transition into normal waking thought. Isakower traces the more regressive forms of language from this point as the primary process becomes increasingly dominant. 'The human being's need for orientation, in the widest sense, is met by speech,' he declares; and in this sense we see the visual imagery of the dream as a primitive orienting and communicative device.

Communicative elements in the dream have their special significance, of course, depending upon their appearance in the manifest content, the latent content, the dream wish or the dream work. The latter, as a 'translation' of dream thoughts (Freud) is of course itself a form of communication and is the essence of the dream's peculiar features. As such it is a magical attempt to change reality—or, more specifically, the day residue (cf. Rohéim, *Int. J. Psycho-Anal.*, 1949, 30). Freud's allegorical use of the fairy-tale 'The Emperor's Clothes' to illustrate the components of the dream also tacitly recognizes the interpersonal and intrapersonal relationships that are active in the creation of dreams.

The impostor persuades the Emperor to don an imaginary robe and then appear naked in public. It is the dream work itself that is the impostor; the manifest content of the dream that is the illusory robe; the Emperor himself is the secretly acquiescent dupe and dreamer whose

exhibitionism furnishes the dream wish. The public has been trained to accept certain conventional disguises of human aspirations; the child of the fairy-tale, who calls things by their proper names and disturbs the neurotic performance, is of course the analyst. The verbal communications of the secondary process replace the acting out of the primary process and bring the dream to an end.

Similar conflicts between communication in verbal and somatic language are expressed in the dream of another patient that illuminates in addition his latent paranoid trends. In the midst of a growingly conscious homosexual transference, he dreamed: 'I was sitting in the men's room and crapping. Judge X. came in, washed his hands unconcernedly, and then left with the remark, "Come in and see me when you are through!" I was mortified.'

Judge X. might well, for this patient, have stood for the Lord in the Last Judgement—a venerated figure known both for his searching investigations and his incorruptible honesty. The informality of the scene and of his behaviour were quite out of keeping with reality; the mortification of the patient was not. Associations pointed to an occasion when both had waited for a witness to appear—only to learn finally that the man had killed himself on the way to the meeting. The blow was especially severe to the patient as it meant that a great deal of preliminary work to which he had devoted himself with zeal would now come to nothing. Actually the incident had been a turning-point in his career and his illness; his previous rapid rise was now destined to come to a halt.

The words 'Come in and see me when you are through' brought to mind the recent request of his present supervisor, fraught with the implication of lack of vigour in prosecuting his assignments. In analysis, he had been alternating between depressed feelings that 'Nothing is coming out, nothing will happen', and urgent appeals for special time and attention from the analyst. The dream fulfils a wish, for example, that friendly and informal meetings will succeed the present period of therapeutic 'crapping'.

Constipation had recently been a troublesome symptom. The need to withhold mortifying information had pervaded his work and habits generally—reviving genetic antecedents. In the dream, the judge is the discoverer of his pants misdemeanours (catches him with his pants down) and exemplifies reaction formation (washing of the hands; also, like the present supervisor,

he washes his hands of the patient himself). As the ego ideal, he is also the cause of the constipation and is the split and projected representative of the retained column of faeces which represents the penis of the anal aggressor. Communication is therefore broken off outwardly by the departure of the judge, while it is established all the more firmly within by sphincter control. The verbal translation is a similar masterpiece of ambivalence: the invitation to 'come in and see me' is both a sexual overture and a threat of dismissal; moreover, in the reverse sense it is the patient who invites the judge to 'come in' and see him. The dream belongs fundamentally to the paranoid exhibitionistic type which restores the spectators of infancy.

'One scarcely finds a dream without a double meaning or a play upon words,' Freud declared, and described the natural tendency of the dream to reverse the course of evolution in language from the abstract to the original pictorial and concrete sense. Sharpe's contention that the latter is specifically related in metaphor to control of the sphincters finds corroboration in our own material. The dream itself, as an archaic and metaphorical language, seems to come into being at the point where the sphincters (censors) are first invoked by mental control to regulate intake and output at the ego boundaries, these processes constituting the nuclei of communication. Lewin's dream screen represents the ingestive prototype and perhaps the eliminative as well—for example, as in its frequent associa-

tion with phenomena of bodily discharge (12). Acute failure of this regulatory function is reflected by the disturbances that affect both sphincters and dream formation in the nightmare (19).

SUMMARY AND CONCLUSIONS

(i) The dream serves a communicative function—directly in terms of introjected objects, and indirectly in relation to the external world. Both clinical data and theoretical considerations are adduced in support of this proposition. Sleep is not a phenomenon of primary but rather of secondary narcissism, at least after early infancy, and the sleeper shares his slumbers with an introjected object.

(ii) The language of the dream, as an expression of this fact, may be traced regressively from the spoken word to identifications, and the sensorimotor interchanges at the ego boundaries. Archaically, dream imagery serves to regulate the latter through control of the sphincters, which are represented in the censorship.¹

(iii) Impulses to communicate (or break-off communication) may be traced through the approach or recession of objects in dreams, through exhibitionistic and examination situations, etc., through accompanying bed-wetting and orgasms, and through impulses to act out and report one's dreams. Analytic therapy finds the analyst drawn into the intrapsychic as well as external communicative system of the dreamer.²

¹ 'The dream relieves the mind like a safety valve' (8).

² Presented (in part) at the Midwinter Meeting of the American Psychoanalytic Association, Dec. 3, 1954.

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ON THE MOTIVATION OF HUMAN RELATIONSHIPS¹

A PRELIMINARY STUDY BASED ON THE CONCEPT OF SUBLIMATION

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THE HISTORICAL PERSPECTIVE

Before the social sciences emerged, some 200 years ago, human relationships were the domain of religion, ethics, and philosophy. The social sciences, being born in an already scientific age, looked, to further their researches, for something like a basic science of the mind. By building itself on observations, experiments, and statistics, psychology—after breaking away from philosophy—offered itself as such a science, trying to reach close proximity to the natural sciences. The natural sciences, however, are still suspicious of the new 'm-law', while the growing demand by modern anthropologists, sociologists, and economists to include psycho-analysis within their training syllabus indicates that academic psychology did not quite satisfy their search for this basic science of the mind.

Psycho-analysis did not start out as a philosophy or even as a general psychology to establish the basic dynamics of the mind. It began quite modestly in the neurological clinic, and the status of psycho-analysis as a tenet basic to the social sciences shows a curious example of Hegelian dialectic, looked at from the point of view of its founder. We know from Freud's autobiography that from early youth he was more curious about human concerns than about natural objects. Throughout his schooldays he wanted to study law and engage in public activities. It was under the influence of Darwin and of Goethe's beautiful essay on Nature that he suddenly decided to study medicine. The change from research work in anatomy and physiology of the nervous system to practical work in nervous diseases seems to have been made under external pressure. That this study, starting out with the physical symptoms of hysteria, should lead him ultimately to the discovery of the basic dynamics of the human mind was certainly not expected by him; but perhaps

it was not altogether haphazard.

We know that parallel to the clinical studies on the neuroses (see his 'Early Papers', 1892–1906) he was, without being at first aware of the connection, interested in dreams. Quite privately he jotted down notes—long hidden—on the work of the mental apparatus. After 13 years of detailed clinical observation, however, the *Three Essays* (1905) emerged, a work which, in my view, is the basis for a genetic and dynamic understanding of human relationships. Not that Freud claimed this. He remained the clinician, drawing his conclusions of a more general and theoretical nature from the very field of everyday and clinical observations. The papers dealing more explicitly with problems of human development into civilization and of civilized society ('Civilized Sexual Morality and Modern Nervousness,' 1908; *Totem and Taboo*, 1912; *Group Psychology and the Analysis of the Ego*, 1921; *The Future of an Illusion*, 1927, and *Civilization and its Discontents*, 1930) and those dealing with artistic or religious problems (on Leonardo da Vinci, 1910; Michael Angelo, 1914; Goethe, 1917; Dostoyevsky, 1928; his Moses book, 1937, and many others) are all based on and linked up with clinical observations.

The Hegelian dialectic in Freud's case runs as follows: The little boy interested in the Bible and in human concerns—that is the thesis; became a student of the youngest natural science, medicine—that is the antithesis; and ended up by providing the basic natural science for all the social sciences—that is the synthesis.

I cannot here go in detail into the work of the various authors who, following Freud's example, have applied analysis to the arts, history, anthropology, and sociology. But, while Freud always emphasized that he tried to give psycho-analytical clues to the understanding of the

¹ Read before the British Psycho-Analytical Society on 3 November, 1954 and 19 January, 1955.

problems in these fields, some of his followers fell into the temptation of explaining social phenomena on purely psycho-analytical grounds and overlooked or minimized the underlying social issues.

Some of the attempts on these lines may even have antagonized serious workers in sociology. It appears to me that, instead of giving expert opinions on social problems, analysis could best help those social scientists who turn to it by giving them reliable tools in the form of basic ideas formulated in clear concepts. One of these concepts set down in the *Three Essays* is that of sublimation.

In the course of analytical development, however, this concept has suffered both from overwork and from neglect. On the one hand its status as a technical term became blurred by everyday usage. On the other hand, with the advent of structural psychology, a revaluation of the concept was called for but not carried out. I hope my contribution will explain the reason for this neglect. True, a revaluation of the concept involves the hardship of examining and reviewing many of our basic concepts, but this may well prove worth the trouble, for scarcely any other concept can be so useful in the study of human relationships as that of sublimation.

THE ORIGIN OF THE TERM SUBLIMATION AND SOME OF ITS DIFFICULTIES

With the wide usage of the word 'sublimation' in our analytical work, in psychology, and in everyday language, we tend to forget that sublimation as a psycho-analytical term was first coined by Freud in *Three Essays* in 1905. Up till that time, as any ordinary dictionary (Cassell, Koeller, Merriam-Webster) will confirm, 'sublimation' denoted a physico-chemical process, as it still does. Chambers' Dictionary (reprint of 1953) gives: 'Sublimation, change from solid to vapour without passing through the liquid state, usually with subsequent change back to solid; a sublimate: purification by this process, elevation, ecstasy, transmutation into something higher; the unconscious diversion towards higher aims of the energy attaching to an instinct.' This definition proves the extent to which Freud's meaning has passed into everyday usage. James Drever's *Dictionary of Psychology* defines: 'Sublimation: term, originally employed by psycho-analysts, of an unconscious process by which a sexual impulse, or its energy, is deflected, so as to express itself in some non-sexual, and socially acceptable, acti-

vity; often used loosely of any substitution of what appears to be a higher satisfaction for a lower.' This definition, besides giving psycho-analysis its due, is in fact quite a good one, but at the same time it includes that controversial element of social valuation and prejudice used perforce yet disliked by those analysts who feel that distinctions in terms of social grades are not congenial to the analytical way of thinking.

W. Hoffer has stressed the point that concepts such as 'work' and 'play' are socially conditioned and cannot be defined purely analytically. In one of my earlier papers I took my cue from the fact that 'work' is a concept of sociology. Thus, whatever metapsychological definition we may find for it, it has to fit the concepts 'work' and 'play' in the sense of any given society, however changing the content and limits of the work- or play-activity may be. Since it was possible to find a metapsychological definition for the social concepts 'work' and 'play' (Lantos, 1952), we are encouraged to hope for success in establishing the metapsychological essence of the term 'sublimation', independent of the variable criteria of social valuation.

TENTATIVE APPROACHES TO CLARIFICATION

In my sorting-out process, one of my first ideas was to distinguish between the mental process or mental mechanism of sublimation and the resultant cultural values such as art, science, religion, morals, etc., which are also called sublimations. This idea was found also by one of the early writers on sublimation, Bernfeld (1921 and 1931), who made the same suggestion, namely, to denote the mental process by the German term *Sublimierung*, and the results—arts, science, etc. by '*Sublimations*'. The German language lends itself easily to such distinctions, whereas in English it would be difficult to find adequate equivalents. On second thoughts, however, I feel that one need not regret this too much, for although the distinction is valid in itself, it does not greatly help with the problem in hand. As we believe that the cultural sublimations, including religion, are not given to us by some higher authority but are the results of the very same process of sublimation, we are left with the question: 'What is the essence of all this—of the process or of the result?' If anyone wants to feel that there is something divine in religion, art, or science, I have no objection, but the same divine quality must then be inherent in the mental process of

sublimation and in the human mind which carries it out. I must even confess that, in the proper interpretation, I have some liking for this conception.

A second approach which occurred to me in my sorting-out process was to observe the curious fact that sublimation was one of the concepts most readily accepted by that very section of the public (religious or Victorian) which objected to the psycho-analytical emphasis on the importance of sexuality, particularly on the concept of infantile sexuality. If man can direct his instinctual energies to higher religious and social aims—so their argument runs—then sexuality or other low-grade instincts cannot be of such importance. It seems as if the concept has been misused to deny the very grounds out of which it grew, perhaps by confounding infantile and adult sexuality.

FREUD'S IDEAS ON SUBLIMATION

Sublimation in the Strict Sense

The term 'sublimation' was coined by Freud in the *Three Essays* (1905), where the tenets of infantile sexuality were systematically presented and the term 'sublimation' put forward to denote the change which we find has taken place from the child, intent on sexual pleasure, into the civilized adult. It was found that the pre-genital sexuality of the child is carried over into the genitality of the adult—unless he is a pervert—to a slight degree only. The disappearance of the pre-genital sexuality is a complicated unconscious mechanism. Repression, induced by anxiety of losing love or some other precious thing—when it does not lead to neurosis—is followed by the process of directing the forbidden or unusable energies towards other aims which are non-sexual and of higher social character. The constructive displacement of the pre-genital, that is, for the adult, unusable instinct components was clearly the strict sense of the concept of sublimation.

Reading on, in 'Character and Anal Erotism' (Freud, 1908) we find that not only incentives towards higher social and cultural activities, but also certain character traits were derived from repressed and then sublimated infantile pre-genital impulses—still sublimation in the strict sense.

Both these usages refer to very early unconscious mechanisms, repeating phylogenesis in the individual's life and forming the civilized human being from the little savage.

Sublimation in the Wider Sense

Was it that the general public distorted this grandiose genetic concept into a superficial moralistic one? In any case, on going further into the question, it would appear that the general public was not altogether wrong in assuming that sexuality in the usual sense is the object of sublimation.

We refer to 'Civilized Sexual Morality and Modern Nervousness' (Freud, 1908), a paper of great importance albeit not quite unambiguous concerning our question. Although Freud states (p. 84), after describing infantile sexual development, that 'during this development part of the self-obtained sexual excitation is checked as being useless for the reproductive functions and, in favourable cases, is diverted to sublimation', he examines, in the later part of the paper, how far sexual abstinence in the adult can be maintained without damage and states that 'mastery through sublimation diverting the sexual energy away from its sexual goal to higher cultural aims succeeds with the minority and with them only intermittently' (p. 88).

In spite of this restriction the statement admits the possibility, and later (p. 92), contrasting the young artist with the young intellectual, Freud says: 'An abstinent artist is scarcely conceivable: an abstinent young intellectual is by no means a rarity. The young intellectual can by abstinence enhance his powers of concentration'; a very definite statement, clearly admitting the possibility of sublimation of adult sexuality.

In the clinical paper, 'Types of Neurotic Nosogenesis' (1912), Freud states (p. 117): 'There are only two possible methods of retaining health in a continuous state of actual frustration of satisfaction: first, that of transposing the mental tension into active energy, which remains directed towards the outer world and finally wrests from that world an actual satisfaction for the libido; and secondly, that of renouncing the libidinal satisfaction, sublimating the stored-up libido and making use of it to ends which are no longer erotic and thus exclude the frustration.' We recognize that the second method refers to a solution frequently met in our clinical work. One patient, after losing her husband, may resume her former research work in science; another may turn towards welfare work to recover her libidinal balance.

We must note, however, that Freud's and our various instances are by no means on the same level. Freud's young intellectual does some-

thing deliberately (omitting the possibility of neurotic inhibition) to gain libidinal energy for his sublimations. Our widows, on the other hand, relinquished genital sexual life through force of circumstances. For clinical purposes, or for the sake of mental health, we are equally satisfied whether a patient turns to scientific research or to welfare work. From the theoretical point of view, however, the widowed scientist seems to follow the same pattern as Freud's young intellectual, whereas the widowed welfare worker is metapsychologically on an altogether different level.

Sublimations making use of the Plasticity of the Libido

The question arises: Are the sublimations in which they are engaged derived from genital energy? To make our question even clearer, let us add another case to it, one where a widow successfully takes up painting. We shall then see that their sublimations are utilizing sexual energies from very different sources. The scientists use the sublimation of their infantile sexual curiosity and, if the research is, for instance, on some new chemical product, sublimation of anal productivity is also in play; while the painter provides the most often quoted instance of sublimation of original anal smearing pleasure, with voyeuristic and exhibitionistic sublimations added to it.

All this bears out the plasticity of the sexual instinct, showing how its various components can be interchanged; showing, further, that this refers not only to the original sexual impulses, but to their derivatives, their sublimations, as well. Nevertheless, the question is still left open whether genital sexuality can be directly sublimated or only exchanged for sublimations which are made from the raw material of pre-genital impulses. It would be wrong to say that, in the case of Freud's intellectual or our widows, a regression of genital sexuality into pre-genital sublimations has taken place. In spite of the seemingly regressive element, we do not call such cases regression, as long as the mechanism used does not affect the emotional level on which the person functions towards others. We are supposing, in all the cases mentioned, that their emotional ties are on a sublimated, adult level. We are aware that we are here introducing a new element to which we shall later return. For the moment we can sum up by saying that their recourse is to sublimations in the strict sense of the concept; but the shift of the libido from

genital to pre-genital, from instinctual to derivative, occurs on a conscious or, rather, pre-conscious level. We could describe this process as taking place in two stages. The first stage is the pre-conscious shift from the genital interests towards something else—this something else, second stage, being sublimations formed by the deflection of pre-genital, libidinal impulses, to other ('higher') aims, that is, sublimations in the strict sense. But at this point we may begin to wonder whether we are justified in using the term 'sublimation' to cover the first stage, the pre-conscious shift of interest from genital gratification to pre-genital sublimations. Let us turn to Freud to see whether we can justify our usage.

In *Civilization and its Discontents* (1930) Freud refers to civilization as the force which (p. 73) '... confronts men (he means males) with ever harder tasks, compels them to sublimation of instincts which women are not easily able to achieve. Since man has not an unlimited amount of mental energy at his disposal, he must accomplish his tasks by distributing his libido to the best advantage. What he employs for cultural purposes, he withdraws to a great extent from women and his sexual life. . . .

This passage is quoted neither for nor against any feministic argument, but for the reason that it shows unmistakably that Freud includes in the concept of sublimation the conscious or pre-conscious process of libido-shift (sublimation in the wider sense) towards cultural activities (sublimation in the strict sense). The libido-shift is a mechanism within the realm of libido economy. It seems to me that this passage covers the case of our widowed research worker or widowed painter.

Sublimation in the Widest Sense: Aim-Inhibition on the Genital Level

But we must still deal with the example of our welfare worker who follows a different pattern of sublimation which could be called 'sublimation in the widest sense'. In taking up nursery work, she is continuing to clean the house, feed people and look after them, just as she did in her married life, but she has exchanged her instinctual objects, from husband and perhaps children—immediate sexual objects—for less immediate ones, that is, for other people's children. The plasticity of the sexual instinct, so far as an interchange on various levels is concerned, plays no part here. The sublimation occurs on the same libidinal level. It is the

affect appertaining to the genital level which is shifted from the instinctual object to objects further from the instinct, involving aim-inhibition of the genital energy. This aim-inhibition of genital energy may be present with the widowed scientist or painter who, as we have said, maintains normal adult emotional ties; but the emphasis here, to fill the gap caused by the relinquished genital sexuality, is on pre-genital sublimations. In the case of the widowed welfare worker, however, the pre-genital sublimations remain unchanged and the emphasis is on the change of emotional ties.

Again we wonder if we are justified in calling this mechanism 'sublimation'. So let us turn once more to Freud.

In *Group Psychology and the Analysis of the Ego* (1921), he writes (p. 118), '... those instincts which are inhibited in their aims always preserve some few of their original sexual aims; even an affectionate devotee, even a friend or an admirer, desires the physical proximity and the sight of the person who is now loved only in the "Pauline" sense. If we choose, we may recognize in this diversion of aim a beginning of the sublimation of the sexual instincts, or, on the other hand, we may fix the limits of sublimation at some more distant point.'

So we are reassured in our usage with regard to the welfare worker, but there is still one point on which we would like confirmation. Did Freud really include such different mechanisms all under the same heading, sublimation?

A little footnote in the *Three Essays* to the chapter 'Reaction Formation and Sublimation' (p. 57), sets our mind at ease. 'In the case which I am here discussing, the sublimation of sexual instinctual forces takes place along the path of reaction formation. But in general it is possible to distinguish the concepts of sublimation and reaction formation from each other as two different processes. Sublimation can also take place by other and simpler mechanisms.' This footnote was added in 1915, and shows that Freud was well aware of his various usages and even classified them by calling some mechanisms 'simpler'. He thus implied that others are more complicated, from the metapsychological standpoint, in that they operate on irreversible, unconscious mechanisms, whereas the simpler ones operate on more pre-conscious reversible levels.

Having settled his mind, as the footnote shows, that the term 'sublimation' can refer to various mechanisms, he definitely states, in the

Introductory Lectures (1917, p. 290), that sublimation consists in directing the original instinctual impulse to 'a higher social aim, the original sexual aim being 'gratification of a component-impulse or the gratification incidental to reproduction, and that "sublimation" is merely a special case of the connections existing between sexual impulses and other, asexual ones.'

THE RANGE OF THE CONCEPT 'SUBLIMATION'

Nevertheless, the direct sublimation of adult genital sexuality remained an unsolved problem. Fenichel (1945) postulates that it is highly improbable that the sublimation of adult genital sexuality exists. Pre-genital strivings are the object of sublimation. He refers to a very good paper, 'On Sublimation', by Frances Deri (1938), which stresses the difference between the conditions for sublimation of pre-genital and genital impulses, thus accepting sublimation only in the strict sense explained above.

I have meditated on their argument that pre-genital organs serve two masters, namely, self-preservation and sexuality, while the genital apparatus serves only sexuality; but I would not attempt here to say the last word on that question.

I agree wholeheartedly with Fenichel and Deri that it is worth while to look closer into some loose expressions of genital sublimations where they are actually pre-genital ones serving purposes of genitality. A good illustration of this is the frequent occurrence, often reported in the analytical session, of women starting house-cleaning, washing, and feverishly tidying up just before menstruation. I have often wondered why this fit of anal sublimation comes just at this time. Those who easily equate menstrual bleeding with anality would immediately answer that it is the reaction formation against the oncoming dirty process. This answer did not settle the question in my mind, and a sudden recollection gave me a more satisfying explanation. A friend once sadly complained to me of her deep sense of guilt at having had her pet cat sterilized. From time to time the animal withdrew into a drawer containing underwear, prepared a nest, and waited for what did not come. The woman, before menstruation, is like the cat preparing the nest for what does not come, using anal sublimations in the service of the maternal instinct (genitality).

At this point, however, my old question (Lantos, 1943 and 1952; Hendrick, 1943)

arises: Are the woman's activities fully described by saying that she is using, in the service of her maternal instinct, anal sublimations? Are we doing justice to our scientists by saying that they use sublimations of original anal, voyeuristic, or exhibitionistic tendencies in their research work? These tendencies in their sublimated form are certainly contained in their activities as a compensation for the lost or renounced genital gratification. But the following problem remains unsolved: Genital sexual gratification is related to the sexual organs and is brought about by clearly defined neuromuscular activities, accompanied by well-known affects and emotions. In the compensating sublimations, however, other organs, other neuromuscular activities, other mental processes are involved. Knowing that this process of sublimation takes place in two stages and that the genital libido is first shifted to pre-genital processes, which, however, have themselves undergone a transformation, the question needs to be widened as follows: Is the resulting process, with all its constituent parts, to be regarded as a manifestation of this transformed sexuality—genital or pre-genital—and nothing else? It seems that in analytical thought—or rather thoughtlessness—it was often so regarded. But was this really Freud's intention? He was, admittedly, often ambiguous on the question, and this facilitated the misreading; but can we not possibly find the reasons for his ambiguity, or rather his hesitancy to be quite explicit on this question?

PLEASURE PRINCIPLE AND REALITY PRINCIPLE IN RELATION TO SUBLIMATION

In the first stage of the theory, hunger and sex were the two instinctual groups which were taken as the dynamic motive forces of all human activities. Analysis was a dynamic psychology in that it traced all human activities back to these primal instinctual motivations, in whatever transformation they might have come to the surface. The changes in the surface manifestations were accounted for by the various mechanisms, processes, and principles operating in the mental apparatus introduced by Freud from the 'Early Papers' (1892-1906) onwards.

Unchanged instinctual manifestations (eating, intercourse), being direct gratifications of instinctual needs (hunger, sex), were easy enough to understand. They operated according to the pleasure principle as immediate tension discharge gratifications by way of the primary

process. The pleasure principle was sufficient to explain these manifestations. It could not be overlooked, however, that human beings were engaged in more than just sexual and food intake-elimination processes. They had to perform complicated activities: to procure the commodities (food, clothing, housing, etc.) in the service of self-preservation. These activities, without always yielding immediate pleasure and often involving boredom, strain, and effort, were accounted for by the operation of the reality principle and the secondary process. The self-preservative instincts could not be gratified without the reality principle. They therefore easily complied with its demands. The sexual instincts, although they could operate and tended to operate on the pleasure principle, had to be restricted to form the civilized adult out of the polymorph-perverse child. They were the unruly difficult ones, not easily complying with the reality principle and, if they did so, often leading to neurotic manifestations, when the reality principle, represented by the ego instincts, enforced their repression in an unresolved conflict.

Last, not least, Freud described sublimations, the nature of which is here under investigation, in comparison, contrast, and combination with the other manifestations just described.

Manifestations of sublimations had the mysterious quality that, although often involving great strain and effort, in obedience to the reality principle and secondary process, like the activities serving self-preservation, they yielded immediate, often ecstatic, pleasure, like the sexual manifestations. They were, however, serving neither self-preservative—at least not primarily—nor sexual needs. They had elements of both sexual and ego instincts. Religion and art showed more of their sexual origin, science more of their self-preservative aim, but, although sublimations had both ego instinct and sexuality, they were somehow neither. They were 'higher'.

In the *Three Essays* (p. 84) Freud gives a hint which can be used to clarify the essence of and the difference between the processes of sexualization and sublimation, suggesting that they might be two processes running parallel but in opposite directions. In effect, in the sexualization within the neurotic process, the forsaken sexual impulse, in repression, encumbers an ego instinct, thereby spoiling the surface manifestation by distorting it into a neurotic symptom, physical or mental. In the desexualization

within the sublimation process, it is as if the ego manifestation reaches back to the old sexual gratification, detaches it from some of its connections, sublimates, 'ego-izes' it, so to speak, but adopts some of its qualities, by which the surface manifestation is enhanced, enriched, and rendered compelling yet at the same time highly gratifying. Hence the compelling but exhilarating force of religious zeal, the transcendent pleasure in artistic creation, and the unrelenting quest for truth in scientific research.

METAPSYCHOLOGICAL DESCRIPTION OF SUBLIMATION IN TERMS OF THE FIRST INSTINCT THEORY

Keeping in mind the difference between neurotic and sublimated manifestations, we can say that, as described in the *Three Essays*, pre-genital sexuality attaches to the vital self-preservative, primitive-sensory and intellectual experiences of the child. Consequently, by inference, repressed and sublimated pre-genital sexuality becomes adopted and appropriated by more complicated manifestations of the ego instincts which, by this adoption, change from ordinary manual or intellectual activities into sublimations. Simple skills become elevated into art, child curiosity into research, and ordinary speech and writing into oratory and poetry. By this formulation, sublimation can be defined in metapsychological terms and the accusation of vagueness and social valuation rendered void. The activities of civilized human beings, then, could be seen as either sexual or self-preservative or as a blend of both, that is, as sublimations, all complying with the requirements of metapsychology.

In *Group Psychology* (1921) Freud makes use of the concept of aim-inhibited libido, first mentioned in the *Three Essays*, and employs it to give a far-reaching explanation of human relationships. Although he is undecided whether aim-inhibition could be called sublimation 'in conformity with the requirements of metapsychology' (p. 118) and only later decides (1932, p. 126) to treat it as a parallel mechanism on the same level as sublimation, he describes it as being the most important instinctual vicissitude in the formation of human societies.

By a synthesis of the concepts sexual instincts, self-preservative manifestations, sublimation, and aim-inhibition, human relationships and their motivations can be described in terms of the first instinct theory, metapsychologically, as follows: Human relationships, in order to be

permanent, must be based on aim-inhibited libido. Uninhibited genital sexuality, necessary as it is for race preservation, could at its best lead only to the formation of families and not of large communities. Equally, self-preservative activities involving strain and effort may call for co-operation but could not maintain structuralized, organized, permanent communities. Such co-operation may last as long as the particular hardship and special task necessitate, but, afterwards, the group would fall apart owing to indifference, except where libidinal ties had been developed. Societies on a grand scale, overcoming the indifference, rivalry, and hostility of the members, can only be kept together by the mutual bond between the members, based on the common aim-inhibited love of the leader or of the cause. Short-lived communities could not develop the achievements of civilization which need tradition and continuity. These achievements, amounting to our sublimations, in turn contribute considerably to relieve the materialistic lot of human beings, originating in their self-preservative needs.

This presentation, I hasten to say, contains nothing new, excepting the explicit suggestion that we should understand sublimation as a special blending of ego instincts and sexuality. The justification for this suggestion, arrived at by inference, lies in the comparison with the neurotic symptom. It was never in doubt that the neurotic symptom is a compromise of the two, sexual and ego instincts, and not a purely sexual manifestation. Sublimation, equally, is a compound of the two, albeit not a pathological, but a constructive one.

This sounds simple enough. But if it is as simple as that, why did Freud not put forward this seemingly simple solution, thus saving the concept from the accusation of vagueness and terms of social valuation? If the change from animal to man, so impressive and grandiose, was brought about by sublimation, would it not have been worth Freud's while to search into this process with all his usual genius?

To understand why he chose to be ambiguous and non-committal on the concept, covering by the term 'higher' everything he preferred to discuss later, needs further historical review.

MOTIVATIONS FOR THE DEVELOPMENT OF THE THEORY

The beginnings of psycho-analysis, as known officially, were clinical. Research into the aetiology of the neuroses led Freud, much to his

own surprise, to the discovery of the all-pervading significance of sexuality and the existence and nature of infantile sexuality. He took up the challenge. Most of his work in the first twenty years was devoted to the exploration of the sexual 'instincts' with all their encroachment on pathology, everyday life, and cultural manifestations. The posthumous publication of his correspondence with Fliess (Freud, 1887-1902), including a very comprehensive draft, discloses, however, his early interest in the working of the mental apparatus, including an organization which he calls 'ego' and which is clearly the precursor of the system ego as established in *The Ego and the Id* (1923).

This early preoccupation explains why the 'instance' ego which initiates repression and is the censor in dreams, appears as a recurrent yet undefined feature in early Freudian papers. The conflict which leads to repression is described as taking place between the ego instincts and the sexual instincts, the ego instincts having the same function as the 'instance' ego. Yet the relationship of the two, and their respective position in the theory, were not explicitly stated. They were implicitly taken as synonymous, just as the ego instincts were implicitly taken as synonymous with the self-preservative instincts. The ambiguity of the equation, ego 'instance' = ego instincts = self-preservative instincts, could have been at the back of Freud's mind, contributing to his hesitation to use the various factors of the equation in the definition of the concept sublimation.

Hitherto it has been maintained that ego psychology was necessitated by Freud's clinical interest expanding from the psycho-neuroses to the psychoses. This is certainly true, but I wonder if it is the whole truth. The recognition of the vagueness and inadequacy of the concept 'ego instincts' must have been just as relevant a motive to further the development of the theory. This, as we know, took place in a series of steps, the first towards more embracing working hypotheses being the introduction of narcissism. But, although the concept of the libido was now extended to the former non-libidinal concept of the ego, it was still left open how far this ego was meant as an 'instance', in some way differing from instincts, and how far it still coincided with ego-instincts.

The necessity for investigating the ego instincts and the difficulty of this task are both considered by Freud in *Instincts and their Vicissitudes* (1915a), where he points out that

'the line of investigation (meaning investigation of the psycho-neuroses) produced hitherto information of a more or less definite nature only in regard to the sexual instincts. . . . With the extension of psycho-analysis to other neurotic affections, we shall find a basis for our knowledge of the ego instincts also, though it would be optimistic to expect equally favourable conditions for observation in this further field of research.' (p. 68.)

It is in this paper that he makes his last plea for the ego instincts as independent entities. At the same time he takes a further important step by bringing the significance of aggression into full relief. Gradually it was borne in upon him that aggression was something more than just a component instinct responsible for sadism, when the sexual instinct came under the sway of the aggressive self-preservative instincts. Aggression, he maintains—confirming the view already expressed in the *Three Essays*—belongs to the instincts of self-preservation. This view, although modified in the last formulation of the instinct theory, possesses an implication to my mind still valid, and it will prove useful to remember it in our considerations, since it makes for better understanding of complicated human relationships.

The introduction of narcissism, the recognition of the importance of aggression, the clinical study of melancholia (Freud, 1917b) and observations on group phenomena paved the way both to the formulation of what we call, for the sake of brevity, the second instinct theory and to the establishment of structural psychology. They are often perceived as two parallel lines in theory formation. Actually, they are completely interwoven, as they are merely various aspects of the very same problem, namely: If the ego instincts, like the sexual instincts, are libidinal, is there only one instinct group and has the basic dualism of analytical instinct theory been abandoned? The answer was the second instinct theory, introducing aggression. Further, if ego libido had the power to induce repression of sexual libido, but not the reverse, there must have been some further qualifying factor between ego and sexual libido. Indeed there was, and the answer was structural psychology, changing the term ego instincts into the system ego.

NEW FORMULATIONS IN THE INSTINCT THEORY
To start with, the dualism of the analytical instinct theory, a dualism so essential in a

psychology which acknowledges, or rather builds itself on, the dynamic importance of the conflict, was fully maintained in the second instinct theory. In appreciation of the importance of aggression, which, as shown in melancholia, can turn from the object, by introjection of the object, against the subject's own ego, Freud suggests in *Beyond the Pleasure Principle* (1920) as a tentative working hypothesis, the acceptance of two instinct groups, different from those in the first instinct theory. One group contains the libidinal all-uniting creative life instinct, love, Eros; the other, in contrast, the instincts of aggression, destruction, death instincts. The suggestion of the synonym death-instinct linked up with the new concepts of primary masochism and with the Nirvana principle. Masochism, as shown in melancholia, has been considered as secondary; 'a recoil of the sadism on to the ego itself'. But this view was now extended by the assumption that the recoil may be a return to an earlier phase, a regression. 'Masochism may also be . . . primary' (Freud, 1920, p. 70). The Nirvana principle, a name accepted by Freud on Barbara Low's suggestion, refers to the function of the mental apparatus of keeping stimuli on an equal, possibly low, level with the ultimate aim of returning everything living to the original inorganic state. The tentative suggestion of this new grouping was, subsequently, accepted by Freud as valid although he did not definitely abandon the first grouping. This fact, as well as the synonymous usage of the terms life instinct, love, Eros on the one hand, and aggression, destruction, death instinct on the other, certainly made the orientation difficult. In spite of Bibring's (1941) very interesting paper, the relationship between the two instinct theories for practical and clinical use remained confused.

For those who, like myself, have for years pondered this difficulty, a formulation to be found in one of the last passages of the *Outline* (Freud, 1938) comes as the most simple yet most illuminating solution. It proves implicitly that any attempt to synchronize the two instinct theories would be futile. They are on different levels and can be brought together not by synchronization but by a synthesis. The passage in the *Outline* (p. 67) runs 'Within the id the organic instincts operate which are themselves composed of fusions of two primal forces (Eros and destructiveness) in varying proportions and are differentiated from one another by their relation to organs or systems of organs.'

According to this, the self-preservative organic instincts, breathing, eating, and eliminating, as well as the pre-genital and genital sexual organic instincts, are equally composed of fusions of the two primal forces, Eros and aggression. By distinguishing the set of the first instinct theory as organic instincts, from the set of the second instinct theory as primal forces, Freud settles the question without difficulty. Self-preservation and sexuality both fall within the bounds of Eros (as stated explicitly in the *Outline*, p. 6), but do so equally within the bounds of aggression. The latter statement, contained in the idea of fusion, was never made explicitly and led to much confusion. I would, therefore, like to emphasize it here very explicitly and to add that, to my mind, there is more of the organic instinct sexuality within the bounds of the primal force Eros and more of the self-preservative organic instincts within the bounds of aggression.

I would further strongly suggest that we accept the above passage of Freud in its strictly literal sense and henceforth refer to Eros as life force, to destruction as the aggressive force, and reserve the word 'instincts' for those organic needs which make a demand on the mind for their gratification, whether they serve self-preservation or the preservation of the species.

STRUCTURAL PSYCHOLOGY AND THE CONCEPT OF SUBLIMATION

The second instinct theory had disposed of the concept of 'ego-instinct'. Hunger and elimination were there included as the organic instincts of self-preservation, but all the other activities, necessary to satisfy the complicated needs of self-preservation, were taken over by the instance, or system, ego. From 1914 onwards, the term ego-instinct is gradually and implicitly changed in Freud's papers into the term ego, as representing the personality, the subject, in contrast to the object. It is used in this sense in *Mourning and Melancholia* (1917b) and in *Group Psychology and Ego Analysis* (1921). In *The Ego and the Id* (1923), Freud explicitly establishes the 'ego' as a structural entity, as the controlling instance of the instincts, represented by the 'id'. This explains the formerly assumed power of repression of the ego instincts. It is not the 'ego instincts' which have this power but the 'structure ego'. The unconscious conflict, basic for analytical theory, retained its validity but was explained as a structural conflict, a conflict between the ego and the id, not one between instincts.

According to Freud's clinical approach, the defensive functions of the ego, involving conflict and pathology, were studied first. The energetic aspect of the instincts, distinctive to dynamic psychology, was never lost sight of. If repression did not operate in a way producing symptoms, the repressed instinct must have some other outcome. The concept of sublimation, based on the concept of redirecting and utilizing repressed unusable energies, should have been of particularly good use in structural psychology. Instead of the vague expression 'higher cultural activities', one could have then used 'ego activities', that is to say, unusable sexual energies were directed towards and combined with ego activities. Freud hesitated to substitute ego instincts for higher cultural activities because the ego instincts seemed to be no less primary, in no way higher, than the sexual instincts. But would it not have been simple to substitute 'ego activities' for 'higher'?

In *The Ego and the Id*, this problem clearly occupies Freud's mind when considering the question of where the 'instance' ego obtains its energies, and what kind of energies they are. It must be 'desexualized libido, it might be also described as sublimated energy' and 'we arrive again at the possibility . . . that sublimation may take place regularly through the mediation of the ego' (p. 64). Does then structural psychology, in its further development, give us new information on the concept of sublimation?

FREUD'S WAVERING ABOUT THE CONCEPT WITHIN THE NEW TERMINOLOGY

In *Instincts and their Vicissitudes* (1915a), Freud expects difficulties when undertaking research into the ego-instincts (p. 68) and stresses our familiarity with the sexual instincts, which 'are capable of activities widely removed from their original modes of attaining their aims (sublimation)' (p. 69). In the same paper, after discussing the vicissitudes an instinct may undergo, namely, 'reversal into its opposite, turning round upon the subject, repression, sublimation', he continues (p. 69), 'Since I do not intend to treat of sublimation here and since repression requires a special chapter to itself, it only remains for us to describe and discuss the two first points.' We know that the chapter on Repression (1915b) was published soon afterwards, but the chapter on Sublimation was never written.

A review of Freud's papers on ego psychology confirms that, in the second stage of the theory,

the grandiose concept contained in the *Three Essays* was little used. (An exception is *Civilization and its Discontents*, where the concept assumed an important but almost sinister aspect, very different from its original positive one. The reasons for this change in Freud's mood were based on historical observations of a very disheartening kind, a problem to which we shall return in the future.) It occurred to me, however, that this disuse of the concept is intrinsic; for ego psychology overlaps to a great extent the concept of sublimation. In developing ego psychology and the concept of the super-ego, Freud must have seen this overlap. He certainly saw the intricacies of applying the term sublimation to what had been formerly called ego instincts and may, temporarily, have lost interest in the concept. Or rather he had first to provide the tools to put the concept in its right perspective in the new terminology. The synthesis of ego psychology and the concept of sublimation had still to come.

A genius, opening up and exploring new territory, particularly such a vast one as the human mind, works against time. Freud himself had no time to apply all his visionary views and to settle systematic synchronizations of his own hypotheses. He started to do so in the *Outline*, but was not able to finish, and the process of further application, sorting out, integrating, and synchronizing is left to our care.

In the *New Introductory Lectures* (1932), although many years had elapsed since the introduction of structural psychology, he still grapples with the problem of the instincts of self-preservation and the ego 'instincts' and says (p. 127), 'The sexual instincts are remarkable for their plasticity, for the facility with which they can change their aims, for their interchangeability—for the ease with which they can substitute one form of gratification for another, and for the way in which they can be held in suspense, as has been so well illustrated by the aim-inhibited instincts. It would be convenient if we could assert that these characteristics do not apply to the instincts of self-preservation, and that the latter are inflexible, do not allow of delay, are far more imperative and respond quite differently to repression and anxiety. On reflection, however, we see that this peculiarity does not apply to all the ego-instincts, but only to those of hunger and thirst, and is clearly due to the special nature of their instinctual sources. A great deal of our perplexity also arises from the fact that we have not

devoted any attention to the alterations which the instinctual impulses originally belonging to the id undergo under the influence of the organized ego.

There must have been some reason why Freud reverted here to the term 'ego instincts', long ago abandoned—a memento of problems still unsolved. He possibly sensed, somewhat uncomfortably, that, without considering the alterations of id impulses belonging to what had formerly been called the ego instincts, the kaleidoscopic varieties of human activities and relationships which make our civilization cannot be understood. These considerations, however, distinguishing the constructive from the defence mechanisms, he left to be taken up by others. While, in *Inhibition, Symptom and Anxiety* (1926) he gave a systematic survey of the defence mechanisms of the ego which was enlarged and further developed by Anna Freud's (1936) classic paper, he never gave a parallel description of the constructive mechanisms of the ego. It is possible that the distinction made no impact on his mind, which all the time strictly adhered to psychopathology. Was this strict adherence an over-compensatory faithfulness to the clinic, to medicine, to the 'détour' which he voluntarily undertook away from his original interest in 'cultural problems, which fascinated him long before when he was a youth scarcely old enough for thinking' (p. 133, Postscript to Freud, 1925). Was it over-faithfulness to his motto, prefacing the *Interpretation of Dreams* (Freud, 1900): *Flectere si nequeo superos, acheronta movebo*?

These by-passed functions we can call, in Freud's own terminology, the psychological and constructive functions of the ego, as defined in the *Outline* (p. 69). The ego's 'psychological function consists in raising the processes in the id to a higher dynamic level . . . its constructive function consists in interposing between the demand made by an instinct and the action that satisfies it, an intellectual activity. . . . The ego has set itself the task of self-preservation which the id appears to neglect . . . The self-preservative activity of the ego, however, is narrowed down in the further text to defence against dangers, threatening from both the environment and the id. It appears that Freud disregards the fact that the ego's task in self-preservation cannot be fulfilled by solely defensive measures against external dangers. Maybe, not being a clinical problem, it had no further interest for him. It appears further that

the mention of the id-dangers makes him glide away easily from external reality into the discussion of the defence mechanisms against the id and their consequences (p. 70). In taking the genetic approach, he continues to describe how the weak ego of the child deals with the dangers peculiar to that period of life. Children are protected by the parents' care against outside dangers for which, however, they have to pay by a fear of losing their parents' love. To keep this love in reality and to avoid phantasied castration as a punishment for genital wishes, they make attempts at defence (repression). When the defence miscarries, we have the neurosis as a result of civilized upbringing.

Here Freud goes back to pathology, and we are left, missing both the questions and the answers: (1) Is it only protection against external dangers which the child needs for survival? Obviously, it needs more. The parents have not only to protect but also to provide for their children. (2) What happens to the adult when he is no longer protected and provided for by parental care? Obviously he has to do his own protecting and providing. (3) What are the dynamic forces and structural conditions of the mind which enable the adult to protect himself against external dangers and to provide the commodities necessary for his and his family's self-preservation? What are, in dynamic and structural terms, the instinctual energies originally belonging to the id, and the alterations under the influence of the organized ego? The nature of these instinctual energies and their alterations perplexed Freud but remained undiscussed. In any case, he seemed to find that sublimation—the vicissitude of the sexual instincts—was not the full answer to this question. But although he again and again shelved the problem of the constructive self-preservative functions of the ego, it must have been somewhere at the back of his mind—and the concept of sublimation, unsatisfactory in this respect, was shelved with it.

SUBLIMATION AND THE VARIOUS SCHOOLS

The very ideas, shelved at certain points of their development, may sometimes usefully be taken up when conditions necessary for their further development allow of their realization. Mankind's eternal dream of flying, expressed in all mythologies, took shape in Leonardo da Vinci's workshop. But it remained on the shelf. Prerequisite technical and scientific conditions prevented its fulfilment. Much later,

Leonardo's shelved problem was taken up by workers who, not possessing Leonardo's genius but benefiting from the amenities of scientific development, could yet make a success where Leonardo had failed.

One is deeply conscious of being as it were a post-Leonardo worker when trying to rehabilitate Freud's grandiose concept of sublimation. One builds on the solid foundations laid by him, using the tools which he left to us without having fully used them himself. All the good work done by A. Freud, Bibring, Hartmann, Hendrick, Kris, Loewenstein, Menninger, Rappaport and many others has been utilized. As a result I came to the conclusion that it is precisely the concept of sublimation, shelved and neglected, which may now provide the missing link in Freudian theory.

It is not by mere chance that those followers of Freud who paid less attention to structural psychology and remained predominantly interested in the unconscious (M. Klein, 1952) have clung to the concept of sublimation in its original high repute, even overstressing and inflating it. Others, who followed the line of structural psychology and who saw in the ego more than a purely defensive organization, found fault with the concept at exactly the same point where Freud had: the concept of sublimation failed to explain all the complicated manifestations of human beings.

Hendrick (1943) working out 'in contrast to the defensive ego' the concept of the 'primary or executant functions' of the mature ego and of the 'partial ego functions' of the child, rightly objected to speaking of an efficient housewife's activities as mere anal erotic sublimations, even though these may play their part.

Hartmann was the first to take up the constructive, independent, as he called them, functions of the ego, and he suggested the very helpful concept of the autonomous ego.

From 1939 onward, in extensive collaboration with others, he investigated the structural changes which differentiated the mind of man from those of all other animals. The part played by the structure ego linked up with the much-discussed difference between animal instincts and human drives (Hartmann, 1948) and was described further in terms of the independent functions of the autonomous ego (Hartmann, 1950). The importance of internalized aggression in the formation of psychic structure (Hartmann, Kris, Loewenstein, 1946)

was rightly stressed, and aggression, the parallel primal force to libido, studied, although later than by the English school, but on structural lines (Hartmann, Kris, Loewenstein, 1949). Aggression was also studied clinically and theoretically by Menninger (1938 and 1942). They all took the hint from *The Ego and the Id*, where Freud considered the structural aspect of sublimation, saying (p. 64): 'Sublimation may take place regularly through the mediation of the ego.'

The energetic aspect of the various systems of the mind and their mutual relationships were widely discussed (Symposium, 1952), including questions of sublimation and neutralization. Neutralization, in this sense, was a term suggested by Hartmann as analogous to sublimation with regard to aggression. To avoid misunderstanding, it should be noted that Freud used the same term to denote neutralization of aggression by libido. In the Symposium, Hartmann suggested taking neutralization as the widest possible concept, including sublimation.

Still, from a study of the various authors of this school one gains the impression that the concept of sublimation is viewed with some suspicion. To quote at random, Kris (1953) remarks: 'Such observations . . . describe what, with a term which has grown somewhat loose, we mean by sublimation.' Rappaport (1951), in a footnote to a paper of Hartmann's, refers to the 'obscure issue of sublimation'. What was it that made the issue loose and obscure? And must it remain so? An attempt will be made, by means of a new approach, to bring the concept out of the twilight.

RE-EXAMINATION OF SOME CURRENT CONCEPTS IN THE NEW TERMINOLOGY

I would like to take my cue from the fact that, in the human child, sexuality is all-pervading. His oral and anal sexuality, his component instincts—exhibitionism, voyeurism, sexual curiosity—all express the fact that his primitive self-preservative functions, his sensory motor activities, his beginnings of thinking, are all cathected, not only with self-preservative libido, but sexual libido as well.

In what follows we try to give an explanation for this remarkable fact and we put forward the suggestion that the essence of infantile sexuality be understood as the sexualization of aggressive phylogenetic drives.

Libido, Erotogenic Zones, Sexual and Zone-specific Libido, Auto-erotism

From *The Ego and the Id* onwards, Freud speaks of desexualized libido—indicating that libido is not only applied to the sexual instincts but denotes the driving force behind both sexual and self-preservative instincts.

When stating, and this must be stated, that sexual libido relates to the human object, while self-preservative libido refers to the respective object of the drive (food, faeces, etc.), how does that compare with what is described in the *Three Essays*? There, Freud describes in detail how sexual excitation attaches itself to everything which happens in the organism, even to painful experiences (masochism). He says that this close connection is peculiarly infantile in character, decreasing in later life.

If sexual libido attaches itself to every life manifestation, physical or mental, of the infant, how can the statement that sexual libido is specifically related to the human object be verified?

Freud speaks of erotogenic zones, oral, anal, and genital, being the chief sequences in libidinal development. But every organ can be an erotogenic zone, that is, every organ can yield libidinal excitation and pleasure.

Let us suggest that by 'erotogenic' we mean that the organ or zone can yield, when activated, libidinal pleasure.

Freud further says in the *Three Essays* that this pleasure is twofold. Every organ has a double cathexis, as an organ of self-preservation and as a sexual organ. Since the second instinct theory, we can say that it is cathected with self-preservative and sexual libido. So let us suggest that we call the self-preservative portion of the libido 'zone-specific libido' and reserve the term 'sexual libido' for everything connected with the human object.

We can say then that the sexual libido adhering to the oral zone expresses the driving force towards and pleasure in relationship with the human object. It is not the driving force towards and pleasure in food intake itself. The driving force for that is the zone-specific libido, in this case hunger, and its object is not the mother, not even her breast, but the product of the mother, the milk from the breast, that is, the food. The baby's pleasure in sucking is twofold: it is the zone-specific pleasure of gratifying his hunger and the sexual pleasure of clinging to the mother, being touched by and touching her, which is clearly more than just the pleasure of

food intake. Thumb-sucking shows that he wants the mother so much that, in her absence, part of his own body has to replace her. Freud calls this 'auto-erotic' gratification, substituting for the object part of one's own body.

Nevertheless, in early theory, he was ambiguous on this question. He classed oral and anal sexuality under the auto-erotic sexual component instincts, at the same time observing the child's love for the mother as an object. 'The mother's breast has become the prototype of every relation of love. The finding of an object is, in fact, a refinding of it' (Freud, 1905, p. 99).

He settled the question later (1913) when he definitely stated that object choice takes place long before genital primacy is reached, but the object relationship is expressed in terms of a pre-genital zone, that is, in oral or anal terms.

Applying the new terminology, we have then to say that zone-specific oral libido is not auto-erotic. It has an external object—food. Zone-specific oral libido can only for a very short time be replaced by auto-erotic thumb-sucking, and we can state that hunger is not auto-erotic. Oral sexuality is, by its very definition, in need of the object. The object, in its absence, can be replaced by thumb-sucking, which then becomes a comforting, auto-erotic gratification for an instinct which is primarily object-seeking. We can make the comparison with phallic or genital masturbation. It is then an auto-erotic form of an object-seeking sexual gratification, replacing the missing object; the phantasy provides what is really wanted, and the auto-erotic physical act is a second-best way of discharge for the physical sexual energy. I speak of, as it were, normal masturbation in emergency, when the object, for external reasons of any kind, is unobtainable.

Bearing in mind that every organ is an erotogenic zone, we shall find that there are erotogenic zones which are much more essentially auto-erotic than the oral zone. Physical movements or manipulations of all kinds, involving the neuro-muscular apparatus and the skin, can yield intense erotic pleasure without being in need of any external object. We know, however, that in the child more than in the adult even this essentially auto-erotic pleasure is sexualized. The child enjoys intensely being tossed up by the adult. It sexualizes this essentially auto-erotic pleasure. The auto-erotic pleasure is due to the zone-specific libido of this organ system, the pleasure in movement being essentially the gratification of zone-specific libido. But the

result of the early connection with the sexual object sexualizes the function in a way to make for a blending of zone-specific and sexual libido so that it is, in the end, difficult to separate the primary zone-specific essential auto-erotism from the object-replacing auto-erotism.

The concept of auto-erotism can best be understood as zone-specific libidinal gratification which needs no external object, neither food nor human. Secondly, it can serve the purpose of replacing the object, but only the sexual object. Further, essentially auto-erotic libido can, and regularly does, in the child, join in the sexual relationship with sexual libido or, rather, can lean on it, as in learning to walk, and can produce a blending.

Narcissism. Primary Object Love versus Primary Narcissism. Need-satisfying Object versus Love Object. Narcissistic versus Anacletic Love.

We are often faced with the puzzling problem that the child sucks the thumb even when satiated and in the very presence of the sexual object. Some more concepts have to be brought in here. Freud coined the terms 'Narcissism': 'Primary' and 'Secondary'. Narcissism means loving oneself: primary narcissism, loving oneself primarily; and secondary narcissism, loving oneself instead of the object. He says that the infant starts out in primary narcissism, knowing of nothing else but himself, loving nothing else but himself. But Freud says that the primary love object of the child is the mother, every subsequent finding of an object being actually a refinding.

This contradiction resolves itself, to my mind, in a polarity. Primary object love and primary narcissism are one and the same. The child loves the mother as she is part of himself; he, therefore, loves himself in loving her. Actually, in a way, it is the same for the mother; the mother loves the baby as she loves herself, an interesting polarity between the most unselfish and the most selfish love.

The same polarity exists, in the early mother-child relationship, between love for the need-satisfying object (A. Freud, 1954) and real object love. The baby loves the need-satisfying object who, at the same time, is the sexual object. He loves her even between the feeds, not only in anticipation of the good food but as his sexual object.

A further polarity exists here between narcissistic and anacletic love. The baby loves the mother because she is like him, she is part of

himself (narcissistic love); but he loves her because she has everything he needs, and he wants her to give it to him. The mother not only likes to give it to him but, biologically, needs to give it. She is in need of being sucked out. The anacletic aspect of love returns on the genital level where man and woman need each other for what is different and yet complementary in them. Genital love is easily disturbed by narcissistic (that is, identification) love, leading easily to rivalry and jealousy between the lovers.

We have not yet exhausted all the aspects of thumb-sucking. We have to make further relevant explorations before returning to it again.

The System Ego

The sadism of the anal sadistic phase was taken as partly due to the nature of the process itself—partly to the fact that the executive organ system of aggression, the musculature, was, on maturational grounds, activated at the same time. Or rather there were two parts of the same process, as the control of the bowel movements presupposes the maturation of the anal sphincter which is part of the voluntary musculature. In terms of structural psychology, the child has to bring his anal functions under ego control, the ego containing a projection of every organ. The projection of organs is first only in the id, guaranteeing the physiological function of the system; the child eliminates, of course, from the very moment of birth. But no influence can be exerted on the function before, as a result of a maturational process, the projection of the organ—any organ—is established in the system ego, the system connecting the organism with the external world. Only then can the organ change from an id-organ into an ego-organ, and the id activity change into ego activity. The maturational process in the organ system, and the maturational development differentiating the ego out of the id, may be two connected parts of the very same process. The psychological function of the ego consists in raising the processes in the id to a higher dynamic level (perhaps by transforming freely mobile into bound energy) (Freud, 1938, p. 69).

This change from id activity into ego activity takes place much earlier in respect of the sucking reflex (W. Hoffer, 1949), giving the physiological proof of the analytical assumption that oral primacy comes first in development.

At this point I would suggest adhering

strictly to the term 'ego functions' when speaking of perception, memory, learning, thinking, co-ordination, integration, reality testing, etc. These are all functions of the system ego, just as the processes from the mouth to the anus, including the visceral processes, are all functions of the digestive system. I would like further to suggest speaking of 'ego activities' as distinct from 'ego functions' when we refer to the function of any organ under ego control. Bowel function, after habit-training, is an ego activity, in contrast to untrained bowel function, which is an id activity. This description of the system ego, defined by its functions, covers, I believe, the concept of Hartmann's autonomous ego.

What makes understanding sometimes difficult is not the fact that the system ego has, like any other system, a specific function, but the fact that this function consists, *inter alia*, in connecting all the other systems of the organism, thus rising above all the others and changing their mode of function. By way of illustration, the hero, the leader, or the genius is at the same time merely one member of the human race but, by some special qualities of his own, he attains a special position which results in his organizing the others and possibly changing the whole function or status of his given society, temporarily or permanently.

The Phylogenetic Super-ego

The human child, up to a considerable age, unlike other animals, cannot survive and cannot effectively exert any influence upon the external world without the interpolation of a human object, usually the mother. She is consequently the first object of his libidinal or aggressive cathexis. A human object cathected with libido or aggression or both is a sexual object. We shall refer henceforth to the mother as the child's sexual object. At the same time, the mother is not only one sexual object of the child but the representative of an infinitely long chain of earlier sexual objects, reaching far back into infinite phylogenesis. These phylogenetic objects left their traces in the id of the human animal. They are actually different in each animal species, and to a lesser degree, vary from one individual of the species to the other. The variations between individuals are likely to be greater in the human species than in other species, according to the infinite permutations of the longer evolution.

These phylogenetic traces, our archaic inheritance, form the latent endowment of our skills and talents. They clearly predetermine what the external world can bring out in the individual, but, on the other hand, they need a human object, endowed with the same qualities, before the skills, etc., can be brought out. We can call these endowments the latent unconscious super-ego endowments. The very last unfinished sentence in the *Outline* bears this out (p. 80): 'In the emergence of the super-ego we have before us, as it were, an example of the way in which the present is changed into the past. . . . Successful identification will result in the introjection of the object, forming the ontogenetic super-ego, which, after the introjection, joins forces with the unconscious phylogenetic super-ego.'

The question still remains: Why can the child's ego, the connecting organ with the external world, not reach the external world without a human object? Why is the human child unable to do what other young mammals can, that is, live on their own wits almost immediately after birth? The reason is that animals have congenitally provided, stereotyped, automatic, guiding principles, their instincts. Their instincts guide and command them to do whatever has to be done for the survival of the self or of the species. They have, further, a perfect physical equipment which operates adequately soon after birth in answer to the instinctual demand. The newly-born child is the most helpless of all animals. He has infinite potentialities but no guiding principle to bring them into action. He certainly has instinctual needs, originating in the interior of the organism, but, at the outset, not the slightest possibility of gratifying them without the help of a human object. This object has to make up for the child's physical deficiencies and has to teach him how to use his latent potentialities.

THE INSTINCTUAL SEQUENCES

By reason of this fact, analysts, appreciative of the structural aspect, suggest a distinction between animal instincts and human drives, a suggestion we readily follow. To demonstrate this same aspect, I suggested (Lantos, 1952) the concept of the unbroken and broken instinctual sequences. 'With the animal, need, urge, activity and gratification follow each other in an *unbroken* sequence—that is, the instinctual need, say hunger, activates the urge to gather food, to capture the prey and devour it, which amounts

to satisfaction. This sequence is *broken* with the human being. Here, hunger is followed by eating—but the activities of procuring food, etc., are carried out outside the sequence and have lost their connection with the original need.

It appears that just those activities which have broken loose from the original instinctual drive and lost their original instinctual motivations were the ones which perplexed Freud.

They were all the complicated activities which human beings perform in the wide range from primitive agricultural to most complicated industrial activities. They are highly organized ego activities. But where is their instinctual basis?

To answer this question, we have to realize that the maturation of the ego and its development, under the influence of environment is a gradual process. We want to describe an ego activity, for instance, walking, which is slightly different in structure from habit-trained bowel function, yet less perplexing than the ego activities mentioned above. Once it has been established, walking in the erect position is an essentially auto-erotic activity, but it cannot be established without a human object. To acquire it, the child identifies with the object, introjecting this part of the object, the introject joining the phylogenetic part super-ego. After introjection, the child gradually abandons the object relationship in that respect, and the introject, joined with the phylogenetic part super-ego, recedes into the unconscious ego. It takes time for this process to become stable, even irreversible, resulting in an independence from the object. That is, the essentially auto-erotic function has to be sexualized to be acquired—and can be desexualized after it has been acquired.

At the outset, walking needs great concentration and effort and is performed by leaning on the object; in time, it becomes automatic, that is, its governing super-ego has receded to the unconscious ego and the function is even disturbed by conscious concentration.

This formulation supposes that every conscious function has a super-ego element which governs it from the preconscious, helping and sometimes replacing the ego. The super-ego is, therefore, not only a moralistic, punishing instance, but a guiding one also. I would go so far as to say that, in normal development, the guiding influence preponderates. The importance of this aspect, however, is obscured by the

fact that the super-ego's participation in controlling oral greed and anal dirtiness provokes much more resistance and is a much more spectacular process.

The difference between walking and bowel activity is as follows: Elimination functions from birth on the strength of an obvious instinctual drive. Habit-trained bowel activity we could, more precisely, call an ego-controlled id activity. The instinctual source of walking is in the neuro-muscular system. Crawling is the precursor of it, analogous to elimination as an id activity. Crawling, obviously, is the ontogenetic appearance of the phylogenetic activity of running on all fours. In some children, running on all fours remains under primary repression (crawling being by-passed) and is brought out within the object relationship directly as the ego activity, walking.

THE NEW CONCEPTS OF PRIMARY SUBLIMATION AND PRIMARY EGO-ACTIVITIES—BASED ON PRIMARY REPRESSION

At this point we have to remember a very early Freudian concept, little used, and sometimes misused. It is the concept of primary repression (Freud, 1915b). All the repressions to which we refer in our clinical work are secondary repressions. Therefore, when we say 'repression' we usually mean secondary repression, that is, repression of libidinal impulses once, however vaguely, consciously cathected. Perhaps it is even more useful to say that secondary repression refers to ontogenetic repression, repression effected in the individual's life. Repression of infantile sexuality is, consequently, secondary repression.

Primary repression is the term for contents which never entered consciousness in ontogenetic life. The transitional phenomenon of crawling illustrates how I understand and intend to use the concept of primary repression. My thesis is that archaic instinctual energies which are under primary repression become activated into primary ego activities, and I suggest calling this process primary sublimation.

Crawling on all fours is not always under primary repression. In most children it comes to the surface transitorily. There are, however, other highly dynamic aggressive energies under primary repression, neutralized by object libido into primary ego activities. With the help of the sexual object—the precursor of the ontogenetic and representative of the phylogenetic part super-ego—these mobile, primarily

repressed, unconscious energies become bound and expressed in ego activities.

We have good use, then, for neutralization in the original Freudian sense, meaning that libido = Eros neutralizes aggression. I like to think that Hartmann's suggestion that neutralization should be taken as the widest term is, in some way, related to this.

What, however, are the highly dynamic primarily repressed aggressive energies? We never form a clear concept of what the contents of primary repression might be. We refer vaguely to cannibalism, but I cannot help wondering: Was cannibalism of such general importance in man's pre-history? Phylogenesis in animal life does not bear this out, as it is not a regular form of survival for animals to feed on their own kind, even if they sometimes eat their litters.

Some decision on this question would be of far-reaching importance for theory and technique, but this is a question for future consideration.

However that may be, what I am driving at is that the content of the primary repressed must be more or other than cannibalism. The instinctual impulses under primary repression must contain all the tearing, biting, roaring activities carried out by jaw and claw activities, which served the animal's needs for self-preservation within the 'unbroken instinctual sequence'. Man's hunger may make him angry. He may go to war through scarcity of food and kill the neighbouring tribe for the possession of pastures or subjugate even distant countries for raw materials and markets. But he does not tear the animal he eats to pieces with his nails. In any case he could not, and he would not swallow it half-alive. My argument is that when men kill each other in the struggle for food, this does not happen on the oral level of the animal, that is, by claws and jaws. On the contrary, for the purpose of killing, the most scientific and impersonal methods are involved. But these considerations must form the subject of a future contribution.

My thesis is, therefore, that primary repression of these tearing, biting, roaring, earth-scratching, migratory impulses is counteracted and subjected to primary sublimations. These impulses give their neutralized energies to the development of abilities of the various ego-controlled sense organs and organ systems and to the skills of the human hand. Barking, roaring, and other animal sounds become changed into speech; clutching and

tearing become primitive manipulations, continuing, with maturation and development, to skills—writing, reading, primitive arithmetic, etc. They are all activities outside the instinctual sequence, without an apparent instinctual basis. It seems to me, however, that in these contents of the primary repressed is found the missing instinctual basis.

The hand, and its most important part, the thumb, soon joins the mouth within the oral primacy. W. Hoffer in various papers (1949, 1950) describes convincingly the way in which the hand very soon develops into the organ which relieves the mouth tension in the libidinal and object-related aggressive sphere.

I would supplement his argument by saying that the hand—or rather the brain-eye-ear-hand—takes over in man those aggressive mouth functions which together with the claws and animal muscles constitute the animal's method of providing his livelihood. In neither man nor other animals is this oral aggression directed against fellow-animals, but only against the species-alien food animal. Fighting and killing each other in jealousy and rivalry for the food or the sexual object is quite a different matter.

The olfactory sense in man lost its intrinsic importance when man adopted the erect posture and the front paws were set free for other than locomotor uses. The hand under the control of the system ego became the brain-hand and the brain-hand carried out, in conjunction with all the senses controlled and organized by the system ego, all the complicated activities outside the instinctual sequence which, in childhood, have to be carried out for the child by the parents.

THE PUZZLE OF THUMB-SUCKING. SECONDARY NARCISSISM

We can now at last explain the difficult aspect of auto-erotic activity even in the presence of the object. In the auto-erotic activity, the mother-object is not only replaced as an object of love, but as the object who provides everything by doing everything. It is as if the child says to his thumb: 'I love you as I love my mother. I love you because you will do everything for me later instead of my mother.' This thumb-sucking activity sets in at the stage when any other young animal would be going out on its own, hunting for the food, using its mouth, jaw, paw and claw activities. In other words, the child can engage in mouth/hand play while the mother does everything for him. That is why

thumb-sucking is not an essentially auto-erotic but an object-replacing sexual pleasure, replacing the active mother; and it is narcissistic as well as anaclitic. The child loves himself as the mother loves him, doing everything for him. This is the narcissistic aspect of the auto-erotic activity. It would be interesting to consider whether it is because of this narcissistic element rather than the object-replacing aspect that thumb-sucking is sometimes difficult to repress.

This primary-narcissistic/anaclitic love for the mother, as a slave to the child's needs, changes gradually by identifying with her, introjecting the experience which now joins forces with the latent predisposition, with the precipitate of the phylogenetic super-ego. We adhere to the idea that the super-ego is present from the time of conception, but we maintain that it has to be precipitated during ontogenesis by the human object, a gradual process which needs time to make it independent.

The child can then abandon this aspect of object relationship. He does not need the object. He becomes like the object—secondary narcissism. 'I am like mother. I can love myself instead of her; I can walk; I can talk; I can use my hands to make things. I can use my brain-eye-ear-hand to speak, to write, to read, etc.' Later, he can study books written by earlier super-egos in history, introject them and build his ego on them, that is, he can introject sexual objects of his aim-inhibited libido.

REHABILITATION OF THE CONCEPT SUBLIMATION *Sublimation in Metapsychological Terms*

We can now describe sublimation as follows: Sublimation is a process in two stages: first, infantile sexual components have to be withdrawn (repressed) from their original attachment to the manifestations of the self-preservative instincts. Thereby both the remaining and the detached parts change. The remaining part comes under ego-control. The detached part, after desexualization, will be re-attached to primary ego activities (or their precursors: impulses, affects, emotions, thoughts, phantasies).

This description refers to sublimation of oral and anal sexuality, sublimation in the strict sense as described by Freud. The component instincts and aim-inhibited sexual libido are in a different category. In any case we can now define metapsychologically what is meant by primary ego activities, which are to replace the 'higher' cultural values.

Primary ego activities are sublimations of

primarily repressed archaic aggressive energies. If we call this process primary sublimation, then sublimation in Freud's sense is secondary sublimation, actually bound up with secondary repression. We shall bear in mind that when we speak of sublimation in Freud's sense we mean secondary sublimation, just as, when speaking of repression, we allude to secondary repression.

The process of primary sublimation, in contrast to secondary sublimation, is a process in one stage only: archaic aggressive energies, being under primary repression, need no libido-withdrawal, as they were never libidinally cathected. Primary repression works only with counter-cathexis without libido withdrawal. That is the reason why this process is smooth, hardly noticeable, does not provoke resistance, and is not always recognized as a process involving a super-ego element. But it does involve one, and the child shows the need for the object who acts as a super-ego. The restlessness, aggressiveness, and destructiveness of the toddler, the curious fact of boredom observable in very young children if they are not attended to, are visible proofs of this. It is particularly noticeable in children in institutions. The child is not only clamouring for food, for love, but is clamouring also for the object to teach him what to do, since he does not know by himself. He needs the object as a super-ego forerunner and activator of the archaic predisposition.

The child becomes humanized only by object love, by activating his endowments which are present as a phylogenetic predisposition but cannot be brought out without guidance.

Oral and Anal Sexuality

It may be difficult to make it clear that, throughout childhood, a twofold process is going on simultaneously. Forming ego activities out of archaic aggression with the help of object love is one process, which runs comparatively smoothly. At the same time, the sexualized corollary of the archaic energies, the pre-genital sexual activities, has to be detached. This is not such a smooth process. Once cathected, libido positions are never easily relinquished. We can take it as a proof of the sexualization of aggressive energies that thumb-sucking, when maintained for an unusually long time, adopts the character of a self-aggressive activity. It is as if the child were not able to deal with archaic aggression in the appropriate way. According to our description of sublimation, the process of detaching sexual libido from the

self-preservative oral libido has to be followed by the second process of re-attaching it to primary ego activities. The same applies to anal libido. There are essential differences for conditions of sublimation between the oral and anal drives, and they are biologically determined. This, however, will be the object of future consideration.

What happens, however, to the remaining zone-specific oral and anal libido, to the process of eating and eliminating? This comes under ego-control, that is, under the influence of the human object, it becomes regimented and regulated, covering table manners and habit training. They change from id activities into parent—super-ego demanded ego activities. This process, going very often against the instinctual impulse, is much more conspicuous and shows the prohibitive punitive aspect of the super-ego much more than its guiding one.

To sum up, we have two kinds of ego activities: ego-controlled id activities, formed by the interference of the human object; and primary ego activities, those which have to be learned from the human object and can appear only on the ego level.

The point may be raised: Is not ego activity coincidental with sublimation (sublimation in Freud's sense)? Everyday observation shows us that it is not. The child may have formed his primary ego activities, speech, reading, writing, etc., but may have failed to attach the repressed oral or anal sexual libido to them. That is to say that, having failed to take pride or pleasure in these activities, he remains average or even backward, and this not by reason of mental deficiency, but for lack of sublimation.

The process of sublimation can stop at any level or it may continue. It is, metapsychologically speaking, a relative process, relative to age. A child may take pride in his writing and reading. We say then that he has good sublimations. A grown-up, liking reading and writing, in the everyday sense, is using sublimated pre-genital energies, but we still do not call him a poet or a writer. He may use them to compensate for lost libido positions, as did our scientist or welfare worker. But, to make him a scientist, artist, or poet, something else has to be added, and we shall explain this presently.

The Component Instincts

In the *Three Essays*, Freud described two categories of infantile sexuality: the auto-erotic instincts and the component instincts. The

basic difference between them often escapes attention. The object-relatedness of oral and anal sexuality was a later addition to the theory, whereas from the very beginning the component instincts were conceived as related to objects. Freud described the polarities of exhibitionism—voyeurism, sadism-masochism, and sexual curiosity.

Let us deal here only with exhibitionism, voyeurism, and sexual curiosity. A metapsychological description of them is that they are the sexualization of ego functions in connection with sense perceptions and sense manifestations. May I stress: I do not speak of ego activities, but of ego functions; that is, perception, observation, investigation and the quest for knowledge. 'Perceptions are for the ego what instincts are for the id' (Freud, 1923, p. 30). This reaffirms his earlier statement in the *Three Essays* that everything that happens in development starts in a sexual connection.

The contents of these instinctual drives, however, have to be desexualized. Pleasure in looking at the sexual object has to be changed into looking at non-instinctual objects. Such process of desexualization, after secondary repression, meets with very great resistance and, in many cases, is never completed. In fact, the component instincts are much more widely taken up as forepleasures in genital sexuality than are the anal components.

If repression succeeds, it is not irreversible, and it almost seems better so for normality's sake.

Unlike the oral and anal instincts, archaic energies seem here to play no part. The process is on the level of ontogenesis. It operates with secondary repression. The displacement of the detached energies has to be on to non-instinctual ego interests, activities, etc.

For example, to transform interest in anal smearing into interest in the manipulation of painting materials is an irreversible process, except in psychosis. To transfer pleasure in looking at the object's body or his genitals into pleasure in looking at the landscape to be painted is a reversible process. In fact, there are all types of admixtures between unsublimated voyeuristic impulses and sublimated ones in one and the same person.

Sublimation following the line of Symbolic Equation

However, one archaic element plays a part in this process of sublimation, and that is displace-

ment on the line of symbol formation. The displaced interest seems to follow the line of symbolic equation from the instinctual (body) to the non-instinctual (all kinds of objects produced by ego activities). This symbolic element was often mistaken as being the very driving force behind the respective ego activity.

Exhibitionism, voyeurism, and sexual curiosity are and usually remain the peak manifestations of infantile genitality, having much in common with adult genitality.

Genitality

What of genital sexuality? Fenichel and Deri are right in so far as genital sexuality is driven by only one force, sexual libido, which, however, is coincidental with zone-specific libido of genitality. But, whereas aim-inhibition of the affect of food craving (hunger) would not serve any good purpose—actually it is not possible—aim-inhibition of the affect of zone specific libido, love, has the greatest importance in human relationships.

Freud hesitated to call aim-inhibition of sexual libido, sublimation. We certainly have to note that the mechanism operating in it is different from other types of sublimation.

What leads us so easily astray is the conception that the sublimations are formed out of this aim-inhibited libido; instead of realizing that the essence of this type of sublimation is the aim-inhibition itself. The affect changes in that it is detached from the instinctual object (parent, lover, children) and attached to less immediate instinctual objects (figures in authority, friends, those in need of help).

What was valid in the case of the component instincts, namely, that any admixture of instinctual and sublimated components in any one person, applies here even more. This recognition disposes of the problem so often discussed, as to whether aim-inhibited relationships and the use of pre-genital sublimations can only exist at the cost of active genital life. This assumption must be a misunderstanding, the more so since we know that repression of genitality results in neurosis and that genitalization of ego activities impairs rather than enhances the function. Pre-genital sublimations can serve the purpose of genitality (remember the examples of the menstruating woman and the cat). It does not work in the reverse direction.

We may assess the symbolic element operating in the sublimation and bear in mind that a

symbolic equation may give an impetus to an activity but does not create it.

Sublimation of Genitality into Creativeness

Have we exhausted all the potentialities of the genital impulse? Is there no sublimation of it in a more specific sense appertaining to the unique character of the sexual impulse? We still have to answer the question 'What is the difference between an ordinary person's letter-writing and book-reading activities and those of the poet or artist?' The difference is that the former are using their sublimations, if not merely their ego activities, acquired in childhood, putting them, of course, to different uses, working instead of playing or learning; whereas the poet or artist is driven by a creative urge which, in whatever mysterious way it works, produces something which is characterized as involving the category of beauty.

The German philosopher, Kant, investigating the essence of Beauty, said: 'Beauty is that which pleases us without serving any self interest.' Freud, says in effect: 'Sexuality is that which pleases us without serving any self-preservative interest' (Freud, 1938).

Here is the contrast between the interest of the self and the interest of the race. Sexuality serves the interest of the race but, in human beings, sexuality pervades every other activity. A self-preservative activity can be recognized by its serving a specific gratification. The urge for the activity dies down as soon as the specific gratification is achieved. The sexual component which attaches itself to it is manifesting itself far in excess of the self-preservative interest. The child goes on thumb-sucking long after his hunger is gratified, whereas he would not go on eating. The pleasure connected with withholding or releasing anal products is often independent of the physiological function, being the manifestation of anal sexuality. A kiss, having no self-preservative function, has no limitations by any self-preservative urge.

Curiously enough, in man, genital activity is not restricted to the fulfilment of the biological function, as it is in animals, but it is just as irrespective of any other ulterior aim as the pre-genital sexual pleasures. It seems as if genitality were used exclusively in the service of pleasure. When people restrict sexual activities to the production of children, we regard them as doing something, outside the normal course of events.

This all supports a hypothesis that we have

found, in the urge of creativeness, the sought-after specific sublimation of genitality. However much painting, writing, or scientific research is based on what we called primary sublimation and overlaid by sublimation, the truly creative element in them is derived from the genital sexual impulse. Creating something new, something that is one's own and yet still something apart, is just as much the attribute of genital activity as it is of artistic and creative scientific production.

PRELIMINARY CONCLUSIONS AND FURTHER PROBLEMS

In this preamble to a further study on human relationships, Freud's concept of 'sublimation' was found to be the most helpful instrument in these investigations.

Difficulties inherent in the concept in the

framework of the first and second instinct theories were described. A solution was found by synchronization of dynamic and structural views, with the result that the concepts of 'primary ego-activities' and 'primary sublimations' have been introduced, based on Freud's concept of primary repression.

This complementation of Freud's concept offers an extended basis for the investigation of human relationships. Many of the relevant problems are only hinted at in this paper and will be taken up in a future publication. It will be shown that the old accusation of 'pansexuality', although not justified as an accusation, is correct in that it describes the basic truth that human beings are sustained not only by their self-preservative instincts, but by their sublimated sexuality and their aim-inhibited sexual relationships.

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ENTROPY, ORGANIZATION AND THE PROBLEM OF THE ECONOMY OF HUMAN RELATIONSHIPS

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... the mind has proved through recent centuries far less tractable to study than has the sensible world. Conscious experience seems refractory to measurement in terms of itself. We cannot say that in experience one light has twice the brightness of another. The terms in which we measure experience of a sound are not terms of experience. They are terms of the stimulus, the physical sound, or of the nervous or other bodily action concomitant with the experience. Or the measurement may be in terms of some motor act, which is taken as an outcome of the mental experience. Mind, if it were energy, would be measurable quantitatively. For quantitative measurement of the mental we resort to the energy-scheme. But the validity of that resort is questionable. The search in that scheme for a scale of equivalence between energy and mental experience arrives at none. The two seem incommensurable.

Sherrington (42, p. 251).

INTRODUCTION

Cross-fertilization of ideas and knowledge among the various sciences has interested both scientists and philosophers since the turn of the century. Actually, in so far as the physical and biological sciences are concerned, most of this interchange has proceeded in one way, from physics to biology. The modern biologist is well aware of the great influence that physical theories have played in shaping his views, indeed, often his whole frame of reference. In surveying this situation, one even gets the impression that it is the modern biologist's (and psychologist's) *credo* that most (if not all) physical principles can be fruitfully applied to biology (5, 6). Current interest in cybernetics

and communication theory is illustrative of this trend in psychology (32, 39, 40, 47, 52).

I wish to emphasize at the outset that it is not my intention to deprecate in general the attempt to transpose knowledge gained in one field into another; on the contrary, it can scarcely be denied that this tendency has enriched and contributed significantly to growth in many areas of modern science. At the same time, however, concepts operationally defined and clearly understood in one field, are often applied in another field where their original definition ceases to be meaningful (14). Used in this way, the concept not only loses its value as a tool for communication, but leads to the misleading 'rediscovery' of principles inherent in its original definition.

My purpose in this paper is twofold. First, I want to call attention to the manner in which psycho-analytic thinking is influenced by concepts derived from physics, particularly by the concept of entropy.¹ This fact has an important and often unrecognized effect on our views concerning the exchange of information, learning, and psychological maturation (45). My second aim is to explore further the related problem of the 'economy' of human relationships, as this may be formulated by the questions: 'Who gets what from whom?' and 'Who gives what to whom?'

THE PROBLEM OF HUMAN GROWTH

The essential problem which concerns us here is that of human growth. Growth may be that of body substance (individual growth), or it may

which is undergoing a reversible change takes in a quantity of heat dQ , at a temperature T , its *entropy* is said to increase by an amount $\frac{dQ}{T}$. This is the definition

of change of entropy. It must be stressed that the change which the substance undergoes must be *reversible* (p. 260). 'In other words, every physical or chemical process which takes place in nature proceeds in such a way that the total entropy of all bodies taking any part in the process is increased' (p. 312).

¹ The second law of thermodynamics has evolved from Carnot's principle concerning the efficiency of a reversible engine and has become one of the most fundamental laws of physics. The following definitions of the second law and of the concept of entropy are taken from J. K. Roberts' *Heat and Thermodynamics* (38). 'It is not possible for a self-acting machine working in a cyclical process, unaided by any external agency, to make heat pass from one body to another at a higher temperature. That is to say, heat will not pass spontaneously from a cold body to a warmer one' (p. 255). 'If a substance

be procreative growth, or growth in terms of psychic development (e.g. learning). Indeed, it was in connection with the problem of the maintenance of the physical self that Schrödinger introduced the concept of *the organism feeding on negative entropy* (41). He thus showed that in metabolism it cannot be the caloric value of the material which prevents a steady increase of entropy in the organism. Instead, he suggested that in higher animals, for example, the source of negative entropy lies in the complexity of the materials which must be used as foodstuff. After utilizing highly complex organic compounds, they are eliminated in a much degraded form. In this manner 'the organism succeeds in freeing itself from all the entropy it cannot help producing while alive' (41, p. 72). It should be emphasized (since we will return to this point) that the concept of orderliness or complexity in the foregoing examples is used in the sense of the chemist. And it is assumed that every such decrease in chemical complexity is paralleled by an increase in the entropy of the system (and *vice versa*).

When we turn our attention to the problem of mental or psychical growth, the situation becomes more difficult. In a measure, linguistic habit and 'common sense' point along a path parallel to that of metabolism. In other words, a metabolic interaction between *A* and *B* is understood as consisting of changes in *A* and *B* in *opposite directions*. If *A* ingests *B*, *A* increases to a higher level of organization or maintains a relatively high level of organization, while *B* decreases in its complexity. The interaction between parent and child is often conceived in similar terms. The parent 'gives', the child 'receives'. What is being exchanged in this, and other, human interactions? The answer must encompass categories such as material care (food, shelter, protection from destructive elements), 'love' and 'information'. Accordingly, the giving system is pictured as progressively exhausting itself, and the recipient one as growing. In addition to interactions between parent and child, we should think also of paired systems such as teacher-student, physician-patient, analyst-analysand, etc. Observation and reflection now tell us that the situation in these instances permits of more possible outcomes than in the case of metabolic exchange. Sometimes *A* and *B* may change in a reciprocal manner: child growing at the expense of the well-being of a parent, or patient recovering and physician deteriorating (as a result of the inter-

action *per se*, and not owing to simultaneous processes outside of the situation). At other times, however, and by no means rarely, it happens that as a result of a human interaction, *both persons* undergo an increase in the degree of their biological organization, measured as 'emotional growth', increased complexity of psychic organization, or in terms of 'information' and learning. Under favourable conditions, such is the case between parent and child, teacher and student, analyst and analysand. In other words, both of the two inter-acting systems grow. Neither loses any of the 'organization' it has already developed. How is this possible? The previously stated frame of reference makes no allowance for this situation.

THE NATURE OF PSYCHOLOGICAL GROWTH

Since the assertion that both of two inter-acting human beings may grow (e.g. increase their respective psychic organizations) as a result of their communication with each other, it is crucial to our thesis, some elaboration of this point is warranted. Perhaps the simplest example illustrating this phenomenon is the process of interchange between teacher and student. Clearly, in such a situation the student may 'learn' (grow) without the teacher 'losing' any of his knowledge. Moreover, pedagogues, philosophers, and scientists have always maintained that teaching constitutes a process of learning for the instructor as well as the student.

A similar idea regarding the nature of psycho-analytic therapy has become widespread in recent years. This came about with the evolution of psycho-analytic thought and a shift of interest from the 'transference neurosis' as an isolable system having primarily to do with the patient, to an interest in the 'psycho-analytic situation', or the actual human interaction between the analyst and the patient (31). In the frame of reference of the 'transference neurosis' the crucial therapeutic factor in psycho-analysis lay in the 'mutative interpretation' (Strachey, 44). While in the frame of reference of the 'psycho-analytic situation' therapeutic success for the patient depends in some (or large) part on the analyst's ability to perform, in the course of the analysis, a piece of self-analysis, stimulated by the patient (21).

In other words, if the patient is to improve, the analyst must improve too (perhaps sometimes only a little), as a result of the inter-

action.² Accordingly, in so far as psycho-analysis as therapy may be looked upon as a form of teaching and learning (17, 18) (although in some ways a very unusual type of teaching and learning may be involved in this process), the phenomenon of simultaneous learning pertains (ideally) to both 'teaching' and psycho-analytic therapy.³

Indeed, it seems to me that the foregoing examples do not represent the exceptional case but are paradigmatic of a more general characteristic of human interactions: namely, that in situations of this type, *in order for one person to benefit (grow), the interaction must be beneficial for both*. If it is not, the hidden damage to the recipient person (be this the child, the recipient of charity, the analytic patient, etc.) in the form of feelings of guilt, responsibility, or a much vaguer feeling of 'being weighed down' with the suffering of the giver may be so great as to outweigh the gain in care, information, or maturation coincident with the association between the participants. It must be remembered that in all of the foregoing interpersonal phenomena the nature of the human contact is such that each individual relates meaningfully to the other, as a like individual. By 'meaningful' we simply mean that *A* considers *B* (and *vice versa*) to be fundamentally 'human', that is, more or less like himself. This definition of 'human relationship' would therefore encompass only a small proportion of all those social processes that actually occur in nature, as we now know it. It is clear, moreover, that most human relationships that are considered to be exploitative, that is, of benefit to one party at the expense of the other, are such that the interacting systems (sometimes individuals, often groups), regard one another as 'inhuman' (e.g. alien, inferior, sick, or the enemy, the 'poor', the 'patient', etc.). Not only is this type of interaction common among individuals, but it appears to me even more characteristic of the individual's orientation to a group rather than to a single person. The psycho-economic

advantage of this feature of individual-group interaction may be a most important factor for our understanding of the psychology of groups.

PSYCHOLOGICAL COMPLEXITY AND ENTROPY

The problem which confronts us, to restate it briefly, is the following. In many types of human interaction (for the present, considering only two individuals) observation shows that it is possible for both participants to change in the direction of greater psychological complexity. If we equate increased psychological organization of a system with a decrease in its entropy, we would have to conclude that a decrease in the entropy of both the interacting systems has occurred. In this dilemma, we are faced with the following alternatives.

- (1) Our observations are incorrect.
- (2) The interaction between the two systems is not properly isolated, so that while *A* may increase its complexity as a result of its contact with *B*, *B* gains its advantage not from *A*, but from some other 'outside source'.
- (3) The concept of entropy is not applicable to the phenomena considered (i.e. entropy is not 'meaningful').

I shall assume the validity of the observations cited and proceed to the latter two solutions of our problem. The idea of *A* and *B* interacting with one another in a hypothetical 'closed system' is, of course, an abstraction. Nevertheless, in the situations cited (mother-child, for example) we may consider the system comprising the two participants as more or less isolated. If we accept this assumption, we can turn to our third alternative.

However, since we cannot prove the foregoing assumption one way or another, let us also consider what happens if we maintain that both *A* and *B* gain in complexity because *A* 'gets' from *B*, and *B* 'gets' from *C* (and so on). This latter view is, of course, the traditional one of thermodynamics. According to it, man maintains his complexity by receiving negative entropy from animals, while animals take this

² For example, Weigert stated: 'In supervision as well as in my own experience I have found the most visible progress made when the analyst can become conscious of a formerly unconscious counter-transference reaction' (50).

³ The reader's attention is called in this connection to the almost exclusive attention focused on counter-transference in the recent psycho-analytic publications dealing with analysis as therapy (2-4, 8-10, 13, 21, 24, 30, 31, 35, 37, 49, 50, 53).

⁴ The exact ways in which this phenomenon occurs remains one of the challenging problems of psychiatry.

A beginning solution to this problem can be most readily visualized by regarding a process of interaction between two persons as representing two entirely different tasks for each of the participants. In analysis, for example, the patient must solve one series of tasks (depending upon his particular genetic make-up, past experiences, etc.) and the analyst another series. The tasks themselves vary continuously as analysis progresses, or as the life situation of the participants changes. (This is discussed further in the second half of this paper. Cf. Waelder: 'The Principle of Multiple Function' (48).)

from plants, and plants from the sunlight (41). In this way, we can arrive back at our starting-point. In other words, we could in this way 'rediscover' the second law of thermodynamics (46). We must remember, however, that this explanation is meaningful only if we accept as our *premise* the idea that you can 'get something', so to speak, only by transferring it from *A* to *B* (e.g. a hot body transferring 'heat' to a colder body). We are not, of course, here concerned with the validity of the second law of thermodynamics for physics. But we do question its validity or meaningfulness for processes of human interaction.

Perhaps the crux of the matter lies in the way in which we look upon, and define, the concept 'information'. Ruesch and Bateson in their pioneering book on communication state:

'We can never abstain from communicating, and as human beings and members of a society, we are biologically compelled to communicate. Our sense organs are constantly on the alert and are registering the signals received, and inasmuch as our effector organs are never at rest, we are, at the same time, continually transmitting messages to the outside world. Therefore, our biological need to receive and transmit messages is in some ways a handicap to the investigation of the scientific processes of communication. In order to overcome this difficulty, it is necessary for us to make a structural assumption regarding the state of signs and signals within our own organism. This end result of perception and transmission we refer to as *information*' (40, p. 7. *Italics mine*).

This view of information, if I understand it rightly, conceives of information in terms of what Ruesch and Bateson term the first level of communication (i.e. the intrapersonal, or 'within one' network). Information is thus considered a *property of the system* (organism). This appears similar to our conception of 'heat' as a property, or attribute, of a physical system, and facilitates the analogy between the mental picture of transferring heat and transferring information, among respective communicating systems.

⁴ I am not sure to what extent analogies between physical and psychological concepts are meaningful. However, insofar as they might be useful, I would regard our latter concept of information, and other similar formulations, as corresponding to the modern physicist's idea of 'wave form'.

In *The Philosophy of Physical Science*, Eddington stated: 'The concept of substance introduces a clear distinction of positive and negative; so that we can have a limited form of the concept of analysis, which we may call substance-analysis; in which the systems of analysis

I do not want to belabour this point, and only wish to indicate that the foregoing concept of information appears to me of limited value. It reflects our habitual mode of thinking, expressed also by concepts such as 'intelligence', and tests devised to 'measure' it, which create the impression in our minds of an *attribute belonging to an organism*. Instead, I would favour a more operational orientation (36), according to which we would not regard information as a property of a single system (or as a 'substance' that can be measured, like weight on a scale); rather, we might look upon 'information' as a property of a system, *A*, interacting with another system, *B*. It would thus be a *characteristic of the interactional process, not of individual entities* (43). A simple example will illustrate this. We may say that a person is smart or stupid, depending upon how he interacts with us as the observer, in a particular situation, and at a particular time. Without doubt, we are accustomed to thinking that 'being smart' or 'stupid' is a characteristic of the person, rather than to acknowledge that such an assertion is more correctly a judgement, involving both observer and observed. Our 'common-sense' assumption that information is 'something' that can be said to belong to someone also facilitates the inference that this 'thing' may be passed from one place to another, and from one person to another (11). In this, psychological concepts parallel the physical concepts of substance, mass, energy, and entropy⁴ (23).

THE CONCEPT OF ENTROPY IS NOT APPLICABLE TO PSYCHOLOGICAL PROCESSES

We are now ready to consider the possibility that the concept of increased psychological complexity of a system is not synonymous with a decrease in the entropy of the system.⁵ The theoretical significance of the relevance or irrelevance of entropy-concepts for human relationships is particularly great at the present time, when psycho-analysts (7, 33, 34) as well as

are restricted to those which furnish a complete set of *positive* parts. When the analysis is not associated with substance (or with a structurally equivalent concept), when, for example, it is associated with *wave form*, the restriction cannot be imposed. In optics darkness is considered to be constituted of two interfering light waves; light may be a "part" of darkness (12, p. 120).

⁵ See also my paper, 'Is the Concept of Entropy Relevant to Psychology and Psychiatry?' (45).

workers concerned with cybernetics (32, 52) and communication theory (39, 40) make use of this concept.

I have previously discussed some of the inferences which were drawn from the principle of entropy and which became unsatisfactory when introduced into psycho-analytic theory (46). A recent communication by Martin J. Klein (27) now sheds more light on this problem. In his paper, entitled 'Order, Organization and Entropy', Klein states: 'It is generally assumed that an increase in the biological organization of a system, such as occurs during the embryological stages of an organism, is equivalent to, or at least closely connected with, a decrease in the entropy of the system, entropy being the physicist's measure of disorder. It is the purpose of this note to discuss the relationships between organization and entropy and to point out that the usual assumption, as stated above, need not be valid in all cases' (p. 158).

On the basis of thermodynamic arguments and reasoning which need not be discussed here in detail, Klein reaches the following significant conclusion: 'We conclude that the degree of order in a system which is measured by the entropy (low entropy corresponding to high order) is not the same thing as the degree of organization of the system in the sense used by the biologist' (p. 160).

It may be pointed out that Klein's thesis applies to the general realm of *biology*, and it demonstrates the fallacy of relating the notion of *biological organization* to the concept of entropy. We often include psychology and psycho-analysis in the domain of biology. On this basis, we could assert on the strength of Klein's thesis alone that an increase in the psychological organization of a system (e.g., emotional maturation, learning) cannot be meaningfully translated to mean a decrease in the entropy of the system. We have also seen that this conclusion is in accord with what appear to be some fundamental features of human development and learning.

However, since the methods of biology proper and psychology may differ from each other as much as chemistry and immunology differ from psycho-analysis, we want to consider further the question of the development of psychologic organization from the point of view of the psychology of human relationships. This will necessitate a reconsideration of the problem of 'psycho-economics'.

WHO GETS WHAT FROM WHOM?

Schrödinger's approach to the problem of metabolism lay in examining the nature of the interchange between organism and foodstuff. He concluded that in the process of such an interaction, the organism gains 'biological complexity' at the expense of the foodstuff. That is to say, *A* gets something from *B*.

Let us ask what it is that human beings get in their interaction with their fellow human beings. Before I proceed to discuss this question in theoretical terms, I would like to cite a brief clinical illustration which shows that this problem is different in the frame of reference of psycho-analysis from what it is in the general framework of biology.

The patient, a gifted medical student, was about to begin his third year in school when the events which I here relate occurred. He started analysis shortly before entering medical school, and one of his presenting problems had to do with certain difficulties in learning. When he was freed from some of his inhibitions along these lines, he was able to derive much pleasure from the intellectual adventure of gaining knowledge in his various courses. As he was contemplating, one day, his curriculum for the third year, he stated that he felt sad that he would not be able to *learn as much* in his Junior Year as he had learned in his Freshman and Sophomore Years. Nor did he feel he would be able to enjoy his forthcoming experience as much.

Analysis of this thought led us to the following conclusion. The chief difference between the first two and the last two years in medical school had to do with the patient's having to perform certain duties in the hospital during the clinical years. The feeling that he learned a great deal in the first two years was connected with his mental image of the situation in which this took place: the school, the instructors, the laboratory facilities were all there to *give him* something, to teach him, to enrich his fund of information. He had to give nothing (his father paid the tuition) in return. More than this, in his mental picture of the situation, the system from which he received did not get anything from him or anyone else. In contrast to this, in his image of the clinical years he pictured the school and the hospital *receiving services* not only from him but also from his fellow students and others.

Why did this student feel that he would not learn as much in his Junior Year as he did in his

Sophomore Year? I think we are justified in concluding from this example that the student was comparing his prospective year in school with his past experiences; at least that is the manifest meaning of his statement. Closer examination of the situation revealed, however, that the comparison which he was making was not between courses in Medicine and Pathology, for example, but rather *between his images of the interacting systems* in the first two and last two years of medical school. His feeling that he would not learn as much stemmed from his contrasting picture of the school as a 'giver' in the first two years and as a 'taker' in the last two. The manifest thought of 'I will not learn (get) as much . . .' could be translated into the underlying thought of 'They will get more . . .'

I am not concerned here with the psychological sources of these thoughts and feelings, nor with their meaning for the work of analysis. My sole purpose is to illustrate the patient's concept of the 'economy' of his relationship with the school.

The problem of the economy of human relationships requires new psycho-analytic concepts. This is so not because the problems themselves are novel, but rather because the so-called 'economic approach' in psycho-analysis was used to describe a wholly different matter. This notion in psycho-analysis has to do with the ways and means 'instinctual energy' (libido and aggression) is integrated and discharged by the psychic apparatus (15, 16, 19, 22). Theoretically, therefore, not only is this a one-body concept (1), but it is also a notion borrowed directly from the physical concept of energy.⁶

In current psycho-analytic thinking, there is

⁶ Pierre Janet's ideas about the 'economy of the mind' are of interest in this connection (25, 26). In the final paragraph of his most extensive work, *Psychological Healing*, Janet wrote as follows: 'In a word, this book, however incomplete it is perforce today, attempts to deal with a problem which is still very obscure, the problem of the economical administration of the energies of the mind. Some day we may hope that there will be enough knowledge to make it possible to budget the income and expenditure of a mind, just as today we budget the income and expenditure of a commercial concern. When that day arrives, the psychiatrist, the mind healer, will be able to help his patients to turn their poor resources to good account by avoiding needless expenditure and by directing their efforts to the precise point where these efforts can best be utilized. He will be able to do more than this; he will be able to teach his patients how to increase their resources, how to enrich their minds. I am not without hope that my labours will prove of some use to those who, in days to come, will discover the laws of this good administration of our psychological fortune' (26, p. 1,214). One might assume that Janet's views on this subject had an important influence on the development of Freud's

general agreement that psycho-analysis is first and foremost concerned with the study of *object relationships*. The problem of the 'economy' of object relationships is clearly not the same as the economic problem of instinctual energy. Freud, for example, gave a beautiful account of the value of the economic approach in his analysis of the problem of humour and wit (20). He approached this problem in terms of excitations within the mental apparatus and their particular modes of discharge. These concepts cannot be applied to problems of object relationships.⁷

THE ECONOMY OF OBJECT RELATIONSHIPS

Every science must sooner or later evolve its own conceptual models. At the beginning these models will, by necessity, be based at least in part on models with which we are already familiar. Gradually, however, conceptual models more peculiar to each science develop. These are invariably based on the specific operations which distinguish one scientific method from another.

If the specific operations of modern psycho-analysis have to do with observing and influencing object relationships, our concepts concerning the economy of such interactions must be based on the appropriate, operationally validatable phenomena of human interactions. We must evolve economic concepts based not only on psychic energy, but also on object relations. With this in mind I will indicate some lines of thought along which we might explore this problem further.

Let us take a hypothetical human relationship between A and B. At any particular time we

concept of psychic economy. For a different point of view regarding the use of energy-concepts for the 'mind' see Sherrington (42) and for a criticism of the use of quantitative concepts in psychology, see Kubie (29).
⁷ The fruitfulness of Freud's economic theory of the mind received fresh demonstration in the works of J. Weiss (51) and Kohut and Levarie (28). These authors throw new light on the nature of formal beauty in visual art and on the pleasure derived from listening to music by applying this important psycho-analytic concept to the foregoing phenomena. I would like to emphasize in this connection that the considerations put forward in this paper have nothing to do with 'disproving' the classical 'economic point of view' of psycho-analysis. What is valid and useful in one frame of reference does not become invalid or useless with the introduction of a new, or different frame of reference. Instead, it becomes necessary that we pay attention to the nature of the phenomena which we are interested in understanding better: appropriate theoretical frameworks must then be found for different problems. Accordingly, Freud's economic concepts may or may not be helpful, depending upon the nature of our approach to a problem.

might ask what is *A* giving to *B*? Or what is *B* getting from *A*? (and *vice versa*). We might give social structure to the situation by stating that *A* is a teacher, and *B* is a student. The answers to the foregoing questions can be broken down into a number of categories, according to the following criteria.

(1) What is the *intention* (wish) of *A* and *B*, respectively?

(2) What *needs* does the actual situation (relationship) satisfy, in *A* and *B*, respectively?

A comprehensive answer to both of these questions will require an understanding of what the particular situation, at a particular time, *means* (consciously as well as unconsciously) to both *A* and *B*. The possibilities are too numerous and complicated to list. They include the following. *A* might wish to teach or to indoctrinate, or even to humiliate the student; or he might be there only for the prestige and the money. Or he might be sick and depressed. And so on. *B* might wish to learn, or he might wish only to appear like a good student, or to placate his father. Or he, too, might be there only for a gain of prestige and money. And he, too, might be sick and depressed. And so on. Clearly then, the social position of *A* and *B*, or their conscious intention in the situation, cannot alone determine the nature of the 'exchange'.

If we try to answer the second question, namely, 'What needs does the actual situation satisfy in *A* and *B*, respectively?', the possibilities are once again numerous. *A* may be able to satisfy his need for helping someone (who may in turn stand for someone else in his unconscious), or he may gratify the wish to validate his own concepts through his students, or he may gain prestige and money, etc. Similarly, *B* may gain various satisfactions. The possibility of the frustration of these same needs is also present.

The nature of the human interaction may thus be described quite differently, depending upon whether we focus on the social position or intention of the interacting persons or on the needs satisfied in each. If we take into account all of these factors, we must conclude that 'giving' and 'getting' are not mutually exclusive, nor reciprocal, but may vary independently

from each other. In other words, it is possible for both *A* and *B* to 'give'; also, both might 'receive'. Or, both might 'give' and neither 'receive'. Or again, neither might 'give' (in terms of intent), yet both may 'receive', and so forth.

Many social phenomena are understandable in terms of whether the participants' (official) intention is emphasized, or their need-satisfaction. For example, an intern in a hospital works long hours without pay. This is based on focusing attention on his need-satisfaction, i.e. he learns. What he does for the hospital or for patients is given less weight. Conversely, the private practitioner of medicine is (officially) devoted to his patients' welfare. When he 'treats' a patient, he gets paid for it, often very generously, irrespective of whether the patient is helped. He is recompensed on the basis of his intention to help rather than for his actual performance measured in terms of the need-satisfaction of the patient. In this respect, our notions of who gives what to whom, and who gets what from whom, are essentially moral,⁸ rather than scientific (operational). This has coloured our psycho-analytic concepts of human relationships, too.⁹

The validity of the foregoing considerations should have an important bearing on our views concerning the laws governing the economic aspects of human relationships in general and those pertaining to psycho-analytic treatment in particular.

SUMMARY

The purpose of this paper is to examine two related problems. One is the influence of certain physical concepts, particularly that of entropy, on psycho-analysis. The effect of this concept on our views of the economy of human relationships is noted. The second problem is the need for new theoretical concepts regarding the economy of object relationships, based not on notions borrowed from physics, but on the operational method of psycho-analysis.

The concept of entropy has gained renewed popularity in biology, and is being invoked in attempts to clarify the nature of human mental activity and of interpersonal processes. It is

⁸ I use the term *moral* to describe a state of affairs in which we describe things as they ought to be rather than as they actually are.

⁹ It appears that in at least some of the so-called 'give-and-take' relationships there exists a situation in which the one who has more power claims that he gives, and designates his partner as the 'recipient'. Many will

agree that this characterizes particularly 'charity', but perhaps it is sometimes true also for parents-and-children, and other paired systems, such as teacher-student, physician-patient, etc. This is a consequence of what I called the *moral* point of view concerning the 'give-and-take' of human relationships.

noted that while the process of metabolism is characterized by a reciprocal change in the biological complexity of the organism and the ingested foodstuff, respectively, similar directions of change do not always characterize processes leading to psychological growth. In other words, in some types of human interaction, it is possible for both participants to undergo a simultaneous increase in the degree of their psychological organization (here measured in terms of 'learning'). Illustrative of this is the communication between teacher and student or analyst and patient, an interaction that may result in learning for both. Our usual frame of reference, according to which development of one (biological) system occurs at the expense of some other, does not allow for this possibility.

It is generally assumed that an increase in the biological organization of a system is equivalent to a decrease in the entropy of the system. Similarly, increased 'information' of a system is held to be paralleled by a decrease in the entropy of the system. It is shown that use of the concept of entropy in connection with both 'biological organization' and 'psychological organization' is misleading. This conclusion is based partly on a recent paper by Martin J. Klein, who demonstrated on the basis of thermodynamic arguments and reasoning that 'the degree of order in a system which is measured by the entropy (low entropy corresponding to high order) is not the same thing as the degree of organization of the system in the

sense used by the biologist.' Psychological observations concerning learning are cited to show that similar conclusions apply to the essential unrelatedness of psychological complexity and entropy.

The problem of the economy of human relationships is briefly considered. The need for new theoretical models, based on a psychology of object relationships, is stressed. The problem is approached by trying to answer the questions, 'Who gives what to whom?' and 'Who gets what from whom?' In other words, the problem of what it is that is being 'exchanged' in a human relationship comes to the centre of our attention. We attempt a provisional explanation along the lines of (i) the *intent* (wish of the participants in relation to each other), and (ii) the *need-satisfactions* of the participants as a result of the interaction. This is a very complex problem, principally because the meaning of the total situation of interaction must be understood and evaluated in order to arrive at a relevant inference concerning the 'gains' and 'losses' of the participating persons. Social arrangements are often based on a moral evaluation of the interaction (e.g. by focusing on the officially avowed intentions of one or the other participant). This may colour our psycho-analytic orientation. A scientific (operational) view of the economy of object relationships must be based largely on the assessment of the need-satisfactions of the participants in processes of human interaction.

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THE SOCIAL CONTEXT OF SUPERVISION¹

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INTRODUCTION

Supervision of a candidate's early efforts as psycho-analyst has been a subject of discussion in local, national, and international training conferences for almost thirty years. The importance of what was originally called 'control analysis' has never been questioned, but rather has been increasingly emphasized by all individuals and official groups charged with responsibility for training. Considering this fact, it is remarkable to discover the paucity of communications in the literature having to do primarily with this aspect of training. In Fenichel's 200-item bibliography on technique (1), there is only one reference (2) specifically having to do with supervision. In the more than ten years since that list was made, and despite the increasing number of articles on every aspect of technique as related to training, there have been notably few on supervision (3).

In 1952, Blitzsten and Fleming (4) added a dimension to the discussion of supervision with the idea that 'good supervision' is a continuation of 'analytically therapeutic' experience for the candidate, a concept even more pointedly stated by Ackermann (5), who found 'an important core of truth' in the consideration that the supervised analysis may be 'in effect a second personal analysis for the student'. Now such a concept introduces a notable, if not new, complication into the training relationship of supervisor and student, bringing with it the many problems of transference and countertransference related to the psychic presence of the personal analyst (6). Many and even contradictory suggestions have been made for dealing with these problems. The older practice advocated by Kovacs (7) of having the supervisor become the training analyst (or *vice versa*) is no longer in keeping with present training practices, and would in any case be a questionable procedure. 'More analysis', whether called 'supplementary analysis' or

'second analysis' or 'interminable analysis' or even more recently 'self-analysis', are only a few of the further suggestions (8). Of these, interminable (or regularly repeated) analyses do not seem to have found many adherents among training analysts (9). The suggestion of Blitzsten and Fleming (10) of 'collaboration in analysis' between supervisor and personal analyst, found to be highly controversial on its introduction (11), will be discussed later. Here suffice it to say that we must accept as a fact the presence of an important third element in the supervisory setting. Thus we are immediately at one remove from the simple, educationally-oriented one-one relationship which supervision would superficially appear to be.

But even the most cursory examination of the supervisory situation provides evidence of many more elements than the three indicated in the supervisor-student-personal-analyst triad. And an extension of this examination into a review of the functions and interactions of even these three individuals indicated in the supervisory triad will lead us into a much larger contextual reference than any heretofore described in the literature of supervision.

It will be the task of this paper to define the supervisory situation; to describe the elements involved in such a definition; to indicate some of the problems inherent in the interaction of these elements; and to discuss some methods whereby these problems may potentially be capable of resolution.

A Definition of Supervision

In seeking a definition, various methods are possible: *inter alia* the methods of description, logical analysis (dissection into elements), effects in action (functional or operational analysis), and even exclusion. The definition I propose is certainly descriptive; it includes reference to specific separate elements; and it deals with these elements particularly in terms

¹ Based on a presentation made to the Chicago Training Analysts' Seminar, 9 February, 1954.

of their functions. So with emphasis on the empirical, operational aspects of supervision, here is a working definition:

Supervision is a purposeful experience overtly taking place between two people (student and supervising analyst), who have in common the experience of handling the transference phenomena (12) of a third person (the patient), and with the effect ideally of becoming

- (a) Primarily a learning and development experience for the student;
- (b) Secondly, a therapeutic process for the patient;
- (c) Concomitantly, a fostering of mutual understanding between supervisor and student; and
- (d) Finally, a procedure worth accreditation by an Institute.

The Elements of the Supervisory Situation

In the immediately preceding definition of supervision, the word 'overtly' was used, viz., an 'experience overtly . . . between two people'. This brings us at once to the matter of who else is there, whether overtly or covertly. To sketch it out schematically, those present, both actually and in psychic representation, are

- (1) A supervisor;
- (2) A student;
- (3) A patient under discussion;
- (4) The student's analyst (13) (the training analyst);
- (5) Another present or past supervisor—assuming at least one other (since students are not expected to carry only one supervised analysis at a time, or to have the same supervisor for more than one patient);
- (6) An Institute Committee on Education, considered here as a single entity in coming to a unitary decision relative to the student's progress; and
- (7) A clinical conference instructor who acts as chairman and usually chief discussant when supervised analyses are presented at seminars (14).

These seven constitute a minimal listing of the elements involved in achieving the four functions of supervision previously indicated. There would be further necessary inclusions if there had been more than one personal analyst, more than one other supervisor, and changes in educational committee personnel and policies. There will almost certainly too have been other

instructors whose ideas on technique will have carried weight with the student. And via each such person there will have been an orientation to particular theories which must have their echoes in the practice of the individual who accepts them (15, 16).

THE INTERACTION OF ELEMENTS

There are times when the mathematics of a situation can tell us a great deal, if only in terms of the quantities involved and of their combinations. In our list of seven elements in the supervisory situation, we know that interaction between these elements involves grouping, and groups in such a system can be mathematically represented (17). The number of different ways in which we can choose a group of k numbers from a given n numbers is known as the number of simple combinations (18). At present, let us assume for each of the seven elements in the supervisory system a single primary (or at least dominant) emotional valence (19). Then if we are concerned with the duo-combinations in the system, we have, by the formula for simple combinations, 126 separate possible groupings (of two each) to consider in the supervisory system indicated.

If, as we know, the seven elements are personified, we also know that they are far from being the conveyors of a unitary or single primary (non-ambivalent) attitude. If, then, each of the seven is taken as conveying at least one clearly accepting and one clearly rejecting attitude, we find by the same formula that our seven persons will provide us with the staggering total of 1,183 different combinations of positive and negative feeling among and between all the 2-groups in our system. And if this is not sufficient to indicate the potential for complication, we should for the moment consider that all the possible juxtapositions and arrangements (permutations) of our original seven elements reach the tremendous total of 5,040 (20).

But if the mathematics of our system points the way to complexity, it also provides a way to simplification. For if in the formula we pay more attention to the symbol that stands for the size of the groups selected for possible combinations (k) from the total group (n), we can, *via predominantly cohesive* (non-ambivalent) attitudes among any three persons at a time, reduce the total number of possible combinations to the workable figure of 35. This is a desideratum not often attained.

Having indicated the inescapable complexities

related to number alone, we come now to those complexities—more difficult of solution—which are nevertheless more familiar to us as analysts: the qualitative complications of inter-relatedness thus far indicated only in the remarks on transference-countertransference, and on ambivalence. It is not possible here to detail the openly observable qualitative complexities of inter-relatedness among and between all of the individuals in the supervisory setting. However, since by definition the fate of the student is our primary concern, we can orient our qualitative analysis to the student in his interaction with the other personified elements in the total supervisory situation.

A student hopes generally to achieve these results from supervision:

- (a) To increase his therapeutic armamentarium — 'to get' from the supervisor potent remedies (both realistically and magically conceived!), thereby increasing his sense of power and competence;
- (b) To please his supervisor, his instructors, and his analyst;
- (c) To make an impressive presentation in clinical conference, thus achieving also prestige among his confrères;
- (d) To have his work accredited by an Institute; and (we hope central to all the above)
- (e) To be an effective therapist with his patient for the patient's own sake.

These matters are all pretty well conscious, or at least conscious lip-service is done them. And we know that the most complicating factors will surely not be these problems, but unconscious ones. To what extent can we assess the degree to which unconscious factors in the student will be complications in the supervisory situation?

It is here that—whatever ideal we may hope for—every article on technique, on criteria for termination, and on evaluation of therapeutic results, has much to say about the unhappy facts of unresolved transference to the personal analyst. Glover (21) writes 'there is plenty of evidence that these residual transferences . . . express themselves in characteristic professional form'. The slavishly rigid, cut-of-context application of the analyst's methods can be carried to the point of 'spiteful obedience' (22) that becomes a double-edged caricature. The student in these circumstances appears consciously incapable (unconsciously unwilling?) of hearing and applying what the supervisor

has to offer. And to carry the complication even further, Balint (23), in his 1948 review of the psycho-analytic training system, described candidates as segregated into 'genetic groups' along transference lines with leniency toward their own and hypercritical tendencies toward other groups (24). Thus it becomes a problem of even more than one analytic generation.

But no matter how valid all these considerations regarding unresolved transference (and resulting counter-transference problems) in the student-candidate may be, and no matter how thoroughly documented this problem is in the literature of the last ten years, there is nevertheless a contradictory empirical observation capable of validation by each training analyst in every Institute. This observation is that supervisors do not generally behave as though unresolved transference manifestations in students were the rule; and that, on the contrary, the usual behaviour of supervisors, attested by their actual functioning within the framework of the present system of clinical training in psycho-analysis, is to accept candidates for supervision *as though* these students had, to their own and their analysts' satisfaction, come to some working basis for an ultimate (if not present) and sufficient (if not complete) resolution of the transference (25).

Since we, as supervisors, *behave as though* unresolved transference in students is not the rule, it follows that we should not jump too quickly to some ready-to-hand cliché of 'unresolved transference' and 'counter-transference' whenever there is trouble in supervision. We must simply expect that if this possibility exists, the student should be able (with support) to conduct himself as we would hope to if our own transference-counter-transference problems were called in question. We expect of ourselves that we should, in privacy, be ready to investigate the manner and degree of our own transference-resolutions and possible counter-transference manifestations. It is only by such private and objective inquiry (26) fortified by consultation with a colleague when personal reflection seems unproductive, that we can deal with an otherwise unresolvable egocentric predicament.

If, in line with our empirical observation, we are not content to lay our major supervisory burdens on to transference-counter-transference, we may come to other, less intangible and more immediate factors in our own interaction with student-candidates and with other personified

elements in the supervisory situation. Here it seems to me we cannot do better than to begin with Glover's simple statement that 'when . . . there are actual differences in analytical outlook and practice, candidates may . . . become confused' (27). I append an example from my experience, written by a student about a year after a 'crisis' in a clinical seminar in which he originally felt he had been 'torn to bits' (28).

'I presented my third supervised case to Dr. —'s seminar after 75 treatment hours and 13 supervisory hours. My supervisor had advised against presentation because the seminar would encourage premature interpretation of speculative formulations. I had been advised to allow the analytical process to develop by limiting my participation to the eliciting of specific associations to individual manifest dream elements and encouraging the patient to talk about the past.

The conference chairman, on the other hand stressed dynamic formulation and interpretation. After presentation of the material of several hours, the chairman asked what I thought was going on and what interpretations I had made to the patient. There followed much discussion of so-called classical technique and of current controversies in analytic groups. Following the seminar, the chairman questioned me further about the case and my supervisor.

As would be expected this stirred some doubt and confusion. Here was a conflict between teachers' approaches. I decided to follow the recommendations of the supervisor.

When asked to amplify the content of his 'doubt and confusion', and why he thought he might have decided for the supervisor rather than the conference chairman, he wrote that his first tendency had been to 'dismiss the problem', since he was continuing with his supervisor, and might presumably just as well continue with her approach. Soon he became aware of anxiety about his 'status at the Institute'. He recalled that he had had 'transference problems' related to a previous supervisor, and affecting the progress of his patient. 'I was concerned about a repetition' with the present supervisor, which could of course be reflected in supervisory reports. The next (or concurrent?) phase had to do with a 'rejection of the conference chairman's approach' because the 'critical attitude' seemed to be 'personal'. The final phase in the candidate's decision involved, in addition to the negative factors, the following perhaps positive, if intellectualized, attitude. 'I felt that the different approach was a learning

experience. I hadn't been exposed to this approach before, so decided to observe its application and effect.' After more than 200 hours he felt that the work was developing satisfactorily and had constituted a 'learning experience'. He still questioned the application of this technique 'had this patient been a sicker person'.

Confusion had certainly developed here, and was apparent for many, many hours in a vacillating, by turns diffident and aggressive approach in supervisory sessions. Whatever the value of such a learning experience, confusion is scarcely a recommended instrument of pedagogy. Also there is much to reflect on in this candidate's reference to 'status at the Institute'. Heimann (29) remarks the difficulties involved when the analyst acts as representative of the training committee. Similar and professionally damaging complications can occur when the supervisor represents Institute faculty opinion and Educational Committee decisions as well (30).

The following is an instance in which I was asked by a student to act as consultant regarding work with another supervisor, who held an official faculty appointment and was in addition a member of the Educational Committee. After several years, and when he had demonstrated present ability to work with the previous supervisor, I asked this student to comment on the circumstances of the original crisis. The account follows:

'The patient was my first analytic patient—first control. . . . I consulted you after six months, during which I felt little had been accomplished, and there was difficulty in relationship with the supervisor. To put it kindly for both of us, the difficulty stemmed from poor communication.

'I presented material from each session as much word for word as I could bring myself to do, as this seemed from my conference experience to be the usual accepted procedure. I did not think what was going on with the patient was analysis as I had experienced it, but I thought it was what "they" wanted. I became extremely cautious in verbalizing what I thought or felt; and no questions were asked except those relating to rather constructed mechanisms and theoretical interpretations of the "material".'

It was at this juncture that the consultation took place. Much of what developed had to do with the relevance of the student's own observations of the patient, which pictured clearly a much more disturbed patient than would ordinarily be assigned to a young analyst. But even

more pertinent were the over-valued reactions to a supervisor-instructor-conference-chairman-committee-member all rolled into one. The idea of presenting to this composite of functions the fact that 'the Institute' had not chosen wisely, that 'the committee' had not assigned well, and that the six months had passed in something other than analytic effort, seemed not possible.

The candidate required, first, support in what seemed valid clinical observations. In addition, and more pertinently, it was necessary to face clearly everything that stemmed from such an—in fact—powerful combination of functions in one person. It was after this that the student communicated to the first supervisor his feelings about what had been going on. The picture was sufficiently startling for the supervisor to suggest that he see the patient, after which he indicated that the patient was unsuitable because of the possibility of a psychotic break. It was only then that the supervisor told the student he had previously thought him 'cold and rejecting'.

However many of these complications can be sidestepped by the comforting thought that everything is grist to the analytic mill if the analyst will 'only adhere to purely analytic procedure' (31), it would have to be pointed out that all candidates do not remain in analysis throughout the course of training, and that it would be strange if not presumptuous to suggest to a candidate that he return to analysis to discover the source of any difficulties in supervision. Such an approach would complicate still further the already overcrowded psychic scene in which training analysis and supervision take place. And in this scene it would seem that the actual feelings of supervisors, personal analysts, and administrative committee members about each other must surely be subject to scrutiny.

A pointed brief statement in an article by Benedek (32) describes as basic 'the assumption that the group organization and the competition of analysts within the group are responsible for the counter-transference reactions' in training analysts. This leads her to the question, 'whether the loosening of the organization would diminish this source of error and failure in our work'. Reverberations of feeling must be inevitable when conflicting points of view exist. The following are statements made by senior analysts, taken from the minutes of seminar discussions.

'I have been burned many times by volunteering information to an analyst, by analysts who look at you as if they had not heard you.'

'Dr. X with her intuitive capacities has made a decision which isn't communicated by data, so that we cannot now look back at the written material and say, "Yes, there it is."'

'In all of this business with the faculty' (seductiveness in a candidate), 'they fell for it.'

'You speak loudly in your [quiet] lack of intervention.'

Another example from the same group illustrates Glover's comments on hearsay reports of the technique of other analysts (33). In this instance our group was told of candidates who had been queried by a supervising analyst as to whether 'analysis of specific crises' related to professional rivalry had proceeded to the point of explanation 'in terms of early experience', with this categorical conclusion: 'I haven't heard of anyone who would say "Yes, I have had such experiences"' (in analysis). The difficulties of technical discussion and the anxiety factors focusing on technique remarked on by Glover did not, in this instance, prevent a lively interchange. Examples of the tension between supervising analysts can be multiplied in the experience of every training group. Specific and pointed inquiry may seem both impolite and irritating, but it may just possibly lead to what Rickman (34) saw as the real need on the scientific side, 'a fresh and intimate exchange of ideas' in a not-too-sheltered setting.

From these considerations of emotional interaction between supervising analysts, the question that frames itself almost blatantly is: 'How are these feelings, among and between authority-entities in the supervisory situation dealt with in the ordered official processes related to the work of training and supervision?' The gross ways are obvious, and I think it only necessary to say on this point that clear doctrinal differences, and even open personal criticism, between analysts, are not usually productive of lasting or deep conflict in students. These open troubles they can usually, as they develop, deal with, assimilate, and judge for themselves. It is the less open differences that become in the long run dangerously complicating. When personal interaction occurs in a setting where scientific exploration of context is not possible, our tendencies to become tentative and unclear (whether in verbosity or silence) are greatly increased. Most particularly,

completely unspoken attitudes are apt to reverberate in the student to his detriment. When, in addition to the problems of interaction with supervisors, the student is subjected to the emotional effects of unstated or unclearly expressed differences of opinion and feeling among and between the several authority-entities in the supervisory situation, he suffers not only from confusion but also from psychic inhibitions which can sometimes be disastrous in their consequences to himself and to his patients (35).

POSSIBLE METHODS OF RESOLUTION

What should be our solution? Self-evidently, and felt to be so (in however varying frames of reference) by Glover, Balint, Rickman, and Sullivan (36), it lies in opening the channels of communication between individuals, and in providing for the healthy growth of non-parochial groups in which this communication can take place.

That this cannot be easily accomplished is a truism. Yet the history of the very group from which so many of my examples are drawn indicates the possibilities as well as the difficulties that must be inherent in this crucial matter of 'communication'. Presumably, and from the point of view of the Blitzsten-Fleming presentation (37), it should be possible to have direct communication between at least two authority-entities in the supervisory setting when the student is still in analysis. They make it in essence a contact between supervisor and training analyst, with the student participant in the process. Apart from the 'personal resistances' to such a practice remarked by Blitzsten and Fleming (38), and apart from theoretical objections (as well as practical complications) occasioned by the actual introduction of any outside person into the complicated interpersonal context of an analysis, there are other considerations that in my view remove this type of 'collaboration in analysis' from the 'healthy . . . group' category. Implicitly, in 'collaborative analysis', two inferential possibilities are suggested. First, that the supervisor becomes a kind of super-analyst, for he knows of some important resistance in the student of which the personal analyst has little or no knowledge. I doubt whether most training analysts would agree with such an assumption. More probably the resistances noted by the supervisor relate to extremely important areas in analysis which would require

repeated working-through before clear and relatively constant awareness of their meanings could be manifested in conscious behaviour and functioning. Second, it is implied that the student would consciously and volitionally not deal with difficulties regarding supervision in his analysis, and that he would require the prodding of a supervisor to do so. True, he might not speak of a supervisory 'jam' any more or less than he might speak of other conscious day-doings. But neither conscious volition nor prodding should have a part in this question. If the impact of the particular problem situation were of major degree, it would certainly come up in its relevant *unconscious* setting in subsequent analytic hours, and in association with deeper and older problems—if feeling and verbal association were really free.

This leads to a third and explicit objection to this particular kind of inter-authority communication or supervisory collaboration—that of any interference with the process of free association. It is true that analysts generally do not hesitate to direct attention to dream or phantasy elements, or even to indicate when, in certain observable, individually unique ways, association does not seem to be free. It is doubtful, to say the least, whether this type of supervisory instruction to discuss a particular problem would be within the usual range of relaxation of the rule of free association.

While direct contact and free communication between training and supervising analysts on any and all *general* analytic subjects is both desirable and necessary, my essential point of difference from Blitzsten and Fleming is this: that in the light of clinical experience and of studies of social interaction it is not in fact necessary that we concentrate our communication on a particular student's problems. It is not even necessary that we mention the student to each other. Rather it is necessary that we get to know our own differences with each other openly, whether these differences are capable of solution or not. It is further necessary that, having expressed our differences to each other, we still make every effort to keep open our channels of communication.

What then of a larger group of training analysts? How healthy can it be, how effective as a means of communication? It has certainly been apparent for many years that formal professional meetings, with prepared papers and discussions, are rarely productive of the kind of communication that leads to better under-

standing between professional colleagues (39). It is even more certain that problems relating to training and supervision could not be discussed with any freedom if the audience contained candidates. To the particular group whose experience in mutual participation and communication has led to the reflections aired in this paper, it seemed also desirable that there be no 'official' connection with any society, training body, or institution, and that there be a minimum of organization (40).

It can be seen from the remarks of participants, previously quoted, that despite polite agreement and absence of discussion at some meetings we were by no means always in agreement, and sometimes in bitter or even hectic disagreement. Anxiety factors must indeed have been at work at those times when 'doldrums' seemed to have set in, or when eclectic rephrasings by chairmen threatened to deny all discord. But despite the difficulties, and despite disruptive suggestions for discontinuance, three years of fairly regular meetings with the opportunity of seeing, hearing, arguing with, liking, and disliking each other have led us at the very least to a clearer knowledge of our differences, and sometimes, surprisingly, to unknown areas of agreement with 'strange bedfellows'.

CONCLUSION

In summary, it is suggested that a lessening of the complexities of inter-relationship in the supervisory setting may be achieved by:

(1) Setting up informal groups of training analysts, where in seminar fashion any topic may be discussed (41).

(2) Providing for regular additions to the group, e.g. new training analysts; and for special purposes, participants experienced in other disciplines.

(3) Arranging for meetings of supervising analysts with groups having related interests, e.g. with Institute or Society Education and Curriculum committees. Student groups, whether from classes or from candidates' associations, could also meet with such committees for informal discussions (42).

(4) Becoming as clearly aware as is possible of the tremendous complexities of the social context in which supervisory relationships are

undertaken. This is not said to re-emphasize the astounding numerical quantities involved, or even to put us in awe of the many psychically represented members of the psycho-analytic family who silently participate in our no longer one-one supervisory setting. It is rather said in the hope that we may be increasingly sensitive to the results of our unexpressed reactions as these are implied both in our theoretical formulations of supervisory problems and in our practical dealings with students.

We know that psycho-analysis is effective as a therapeutic technique developed in and from the intimate, interpersonal relationship of analyst and analysand. We know also that it has been a potent force in opening new intellectual views of social problems. Can its understandings also be therapeutically potent in the larger social context? The fate of even a single group, such as this one of training analysts, is a test of psycho-analysis in the social context of a larger than one-one relationship. At the very least, it should be possible to say (as of the United Nations), 'It may not be worth much, but as long as they keep talking, maybe they won't shoot!' And for training analysts, in the light of experience, it should be remembered that it is the students who get caught in the cross-fire.

When we as supervisors are not forced by silent mutually-isolating techniques to use the supervisory situation as a vehicle of our personal and doctrinal differences, supervision will become much more what it was meant to be in terms of our definition and of our conscious intent. Analysts are, of course, in the inescapable psycho-analytic predicament: we know that exhortation is of no avail, and that anxieties in the best-analysed of us can still be dealt with by all the familiar dynamisms of a denying and distorting character. Yet we have at least this to be said for us—that our profession makes the burden of self-awareness an ever-present one, and that for most of us it is a personal desideratum we do not too often allow ourselves to ignore, at least in private. It is this awareness finally that will make us sensitive to and cognizant of the emotional forces converging on the supervisory situation, here described as the 'social context' of supervision.

REFERENCES AND COMMENTS

(1) OTTO FENICHEL. *Problems of Psychoanalytic Technique* (Transl. David Brunswick). (Albany: Psychoanalytic Quarterly Inc., 1941, pp. 123-30.)

(2) VILMA KOVACS. 'Training and Control Analysis', *Int. J. Psycho-Anal.*, 1936, 17, 3, pp. 346-54.

(3) Cf. as a resumé of then extant points of view the discussions of EDWARD BIBRING and KARL LANDAUER in 'Methods and Technique of Control Analysis' in the report of the Four Countries Conference. *Int. J. Psycho-Anal.*, 1937, 18, 2 and 3, pp. 369-71. For later contributions to the subject see following references.

(4) N. LIONEL BLITZSTEN and JOAN FLEMING. 'What is a Supervisory Analysis?', *Bull. Menninger Clinic*, 1953, 17, 4, pp. 117-29.

(5) NATHAN ACKERMAN. 'Selected Problems in Supervised Analysis', *Psychiatry*, 1953, 16, 283-290.

(6) This would obtain whether or not the candidate's personal analysis was still going on.

(7) *Op. cit.*

(8) Found chiefly in the burgeoning literature on counter-transference, rather than in any contributions directly related to supervision.

(9) Consultations with colleagues regarding problem-situations I do not include under the heading of analytic inquiry, even though analytic insights are sought and expected in such a colloquy.

(10) *Op. cit.*, p. 125.

(11) Discussion on presentation to the Chicago Psychoanalytic Society (April, 1952) by Maxwell Gitelson, Bernard Kamm, and the present writer.

(12) JOHN RICKMAN. 'Reflections on the Function and Organization of a Psycho-Analytical Society', *Int. J. Psycho-Anal.*, 1951, 32, 3, p. 220.

(13) I am not referring to a situation where the student's personal analyst would presumably be contacted directly by the supervisor for discussion of the student or his work. (Cf. BLITZSTEN and FLEMING, *op. cit.*). I refer rather to the psychic presence of the personal analyst in his influence on the student.

(14) I do not ignore the student's confrères, whose opinions and reactions must also be of importance; but I use the clinical conference instructor as the unitary (and powerful) representative of the group.

(15) For exposition of the ways in which theoretical differences foster variety in technique, cf. EDWARD GLOVER's discussion in Appendix III of *An Investigation of the Technique of Psycho-Analysis* (London: Institute of Psycho-Analysis and Baillière, Tindall and Cox, 1940, p. 160) anent the Kleinian views and their effect on practice in England between 1934 and 1938. Cf. also CLARA THOMPSON, 'The Therapeutic Technique of Sandor Ferenczi: A Comment', *Int. J. Psycho-Anal.*, 1943, 24, 1 and 2, pp. 64-6; KURT EISSLER, 'The Chicago Institute of Psychoanalysis and the Sixth Period of the Development of Psychoanalytic Technique', *J. of Genetic Psychol.*, 1950, 42, 103-51; and MARY JULIAN WHITE, 'Sullivan and Treatment', Chap. IV of *The Contributions of Harry Stack Sullivan—A Symposium* (Ed. Patrick Mullahy). (New York: Hermitage House, 1952.)

(16) It was suggested in discussion (Dr. Edwin Eisler) that a temporal factor be included, since each individual listed would conceivably change

certain of his views and even his deeper emotional orientation as he lived through years of personal and clinical experience. However, my presentation assumes a cross-section at a given time.

(17) For the quantitative approach to the problem of interaction in such a group I am indebted to Professor (Emer.) Arnold Emch, Sr., University of Illinois.

(18) For which the formula is:

$$C_{n,k} = \frac{n(n-1) \dots (n-k+1)}{1 \times 2 \times 3 \dots k} = \left(\frac{n}{k} \right)$$

(19) i.e. a predominantly non-ambivalent attitude.

(20) The number of permutations of n numbers [$P_n = n! = 1 \times 2 \times 3 \dots (n-1) \cdot n$]. Thus, factorial 7 (notation 7!) = $1 \times 2 \times 3 \times 4 \times 5 \times 6 \times 7 = 5040$.

(21) *Op. cit.*, p. 3.

(22) N. Lionel Blitzsten, a favourite phrase.

(23) MICHAEL BALINT. 'On the Psycho-Analytic Training System', *Int. J. Psycho-Anal.*, 1948, 29, 1, p. 167.

(24) For an amusing footnote on what he calls 'apostolic succession', cf. MICHAEL BALINT, 'Analytic Training and Training Analysis', *Int. J. Psycho-Anal.*, 1954, 35, 2, p. 161.

(25) In reviewing the minutes of the Training Analysts' Seminar over a period of two years, I found only two instances in which the specific question of counter-transference in the training analyst was brought up, and in which then (and only inferentially) the question of unresolved transference in the student arose.

(26) A reflective exercise which I cannot personally call 'self-analysis', since only rarely do new reconstructive insights come by the process of careful self-review.

(27) *Op. cit.*, p. 6, i.e. differences between supervisors.

(28) I asked the candidate, after this lapse of time, whether he would be willing to describe in a brief paragraph or two something of what had happened at the time of the presentation characterized by his colleagues as a fiasco. Editing of his statement is limited to the deletion of names and the omission of a few redundant phrases.

(29) PAULA HEIMANN. 'Problems of the Training Analysis', *Int. J. Psycho-Anal.*, 1954, 35, 2, pp. 163-8.

(30) It is my belief that the particular complications remarked by Heimann can be better dealt with when the administratively powerful figure is the personal analyst than when he is the supervising analyst. That is to say, if the analysis does not bog down completely, the attitudes toward authority-components of the distorted transference-figure can be analytically worked out. This could only rarely happen in supervision, unless the candidate was still in personal analysis; and even then it would constitute an adventitious (perhaps even factitious) precipitant in the course of analysis.

- (31) PAULA HEIMANN, *loc. cit.*
- (32) THERESE BENEDEK. 'Counter-Transference in the Training Analyst', *Bull. Menninger Clinic*, 1954, 19, 1, pp. 12-16.
- (33) *Op. cit.*, p. 5.
- (34) JOHN RICKMAN. 'Reflections on the Function and Organization of a Psycho-Analytical Society', *Int. J. Psycho-Anal.*, 1951, 32, 3, p. 220.
- (35) This has been exceptionally well documented in an institutional setting where cross-currents of attitude and their reflected manifestations in staff and patients could be carefully observed. Cf. ALFRED H. STANTON and MORRIS S. SCHWARTZ, 'The Management of a Type of Institutional Participation in Mental Illness', *Psychiatry*, 1949, 12, 13-26; 'Medical Opinion and the Social Context in the Mental Hospital', *Psychiatry*, 1949, 12, 243-9; 'Observations on Dissociation as Social Participation', *Psychiatry*, 1949, 12, 339-54. Also, MORRIS S. SCHWARTZ and GWEN TUDOR WILL, 'Low Morale and Mutual Withdrawal on a Mental Hospital Ward', *Psychiatry*, 1953, 16, pp. 337-53.
- (36) Cf. reference in notes 15 (Glover), 23, 12; and HARRY STACK SULLIVAN, 'Remobilization for Enduring Peace and Social Progress', *Psychiatry*, 1947, 10, pp. 239-52.
- (37) *Op. cit.*, p. 125.
- (38) *Op. cit.*, p. 120.
- (39) JOHN RICKMAN, *op. cit.*, p. 228.
- (40) Essentially, this follows the suggestion made by Ernest Jones as long ago as 1937. (Cf. MAX EITINGON, 'Opening Address to the International Training Conference', *Int. J. Psycho-Anal.*, 1937, 18, 1-2, p. 354.) From the response of a number of analysts to news of this venture, as well as from the literature, it appears that this continued joint exploration of problems incident to training and supervision has been something of a unique venture.
- (41) This is not meant to suggest that other groups, smaller or more specialized in function, should not be formed; the more the better, if they are not designed to do each other out of existence.
- (42) In 1936, Anna Freud (cf. Eitingon reference, note 40), and in 1948, Balint (*op. cit.* in note 23, p. 171) spoke with enthusiasm of such developments at the Vienna and London Institutes.

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UNCONSCIOUS MENTAL PROCESSES AND THE PSYCHOSOMATIC CONCEPT

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Of all the sciences, it is without doubt psycho-analysis which offers the best means of observing in the human being the constant interactions between mental and bodily events. To the analyst such interactions are a matter of everyday clinical experience, and his detailed findings concerning them are basic not only to psycho-analysis itself but also to the closely allied field of psychosomatic medicine. Yet one of the unsolved problems common to both fields is that of body-mind interaction as such, since the very concept of such interaction appears to conflict with the principle that the causes of any given physical event are themselves exclusively physical, and therefore that nothing which is defined as non-physical can in any way intrude into the closed circle of natural causation so as to exert a physical effect.

It might, of course, be claimed that this principle of the closed circle of physical causation has been clearly invalidated by just those above-mentioned clinical observations of body-mind interaction, and in general by the whole current psychosomatic revolution in medicine. But this would actually entail that in each of the vast number of these apparent body-mind interactions (and in every voluntary action, for that matter) something non-physical intervenes somewhere among the atoms and nerve-currents in the body and makes them do what they would not have done otherwise. And physicists and physiologists could not admit such a possibility, since as scientists they proceed on the assumption that any given bodily event could be explained completely in terms of other bodily events provided they knew enough about them.¹ The principle of the closed circle of physical causation (with its corollary of the conservation of mass-energy) thus remains a necessary working assumption, and even those clinicians to

whom the effects of mental events on bodily ones are undeniable facts are not inclined to question a principle so fundamental to natural science as this, especially since they themselves are natural scientists. Yet there is a very real contradiction between these two equally compelling generalizations: between, that is, the causal effect of mental events upon bodily ones, and the closed circle of physical causation.

There was a time when this contradiction represented nothing more than the time-worn philosophical dilemma of the body-mind relationship; but with the advent of psycho-analysis and psychosomatic medicine the contradiction has assumed a more practical significance. The extent to which it may influence the thinking of the clinician is shown, for example, in this excerpt from an article by Alexander (2, p. 205):

... an author gives an excellent description of the effects of psychological factors upon some clinical condition, then becomes apologetic and tries to dodge the whole issue of psychogenesis by saying that one should not speak of psychogenesis but of the coexistence of certain psychological factors with certain physical symptoms.

It is not of course the facts of psychogenesis in particular, or of the interplay of mental and bodily factors in general, which are involved here, but rather the problem underlying them and referred to by Freud (13, p. 219) in his reference to the 'mysterious leap' from the psychic to the physiological in the case of hysterical conversion, a 'leap' which Ferenczi (5, p. 100) called 'that primal riddle of hysteria'. The author referred to by Alexander appears to have recognized the presence of the above-mentioned contradiction, and thus to have reverted from an interaction theory of the body-mind relation to psychophysical parallelism, a theory which was held by Freud in his book

¹ See Hebb (23, pp. xlii-xiv), who writes in this connexion: 'One cannot logically be a determinist in physics and chemistry and biology, and a mystic in psychology. ... A philosophical parallelism or idealism,

whatever one may think of such conceptions on other grounds, is quite consistent with the scientific method, but interactionism seems not to be.'

On Aphasia (1891), following the lead of Hughlings Jackson, but the validity of which Freud later came to doubt (in 11, p. 100, he refers to 'the insoluble difficulties of psychophysical parallelism'). Parallelism explicitly denies any causal relations between mental and bodily events—either of the mental on the bodily or *vice versa*—and so becomes unacceptable to the clinician, to whom the facts clearly indicate the most intimate causal relations between the two. Also unacceptable, therefore, is epiphenomenalism, in which bodily events causally influence mental ones but not *vice versa*, and materialism, in which mind is completely reduced to matter. And the two remaining subdivisions of the various body-mind theories—the double-aspect and identity theories—are similarly unacceptable, since, according to the former, neither what is mental nor what is physical has any causal relation to the other or between different parts of itself, since both are mere aspects or appearances of a third unknowable substance; and the identity theory simply regards all matter as in itself nothing but consciousness.² Thus, of the various body-mind theories, only interactionism appears adequate to the needs of the modern clinician, and yet this is the very theory which contradicts the above principle of the closed circle of physical causation.

There is a tendency among writers in the field of psychosomatic medicine in dealing with this problem either simply to stress the 'unity' of body and mind as partly expressed in the term 'psychosomatic', or to deny that there is a real problem at all. But since there are very real distinctions between body and mind, it is clear that no genuine permanent solution can be attained in either of these ways. The problem should be approached by facing it squarely, especially since in Freud's writings there is a treatment of it which, when supplemented by further hypotheses and empirically tested, may represent a genuine approach towards its solution.

In order to make this treatment explicit it will be best to quote at length from one of the last papers Freud ever wrote—'Some Elementary Lessons in Psycho-Analysis'—which was apparently to be a fresh version of his *Outline of Psycho-Analysis*, but which was left unfinished and extends to only a few pages (17). Those

few pages, however, appear in a section entitled 'The Nature of the Mental', which begins as follows:

Psycho-analysis is a part of the mental science of psychology. It is also described as 'depth psychology'—we shall later discover why. If someone asks what 'the mental' really means, it is easy to reply by enumerating its constituents: our perceptions, ideas, memories, feelings and acts of volition—all of these form part of what is mental. But if the questioner goes further and asks whether there is not some common quality possessed by all these processes which makes it possible to get nearer to the *nature*, or, as people sometimes say, the *essence* of the mental, then it is harder to give an answer.

Freud then points out that a physicist, if asked an analogous question concerning electricity, for example, would reply that he did not know the *nature* of electricity, being satisfied provisionally to study the laws governing electrical phenomena and to put them to practical use. Freud proceeds to show, however, that the case of psychology, which is, also a natural science ('What else can it be?'), is different. Few outsiders would be bold enough to pass judgement on matters of physics, but everyone feels qualified to hold an opinion on psychological questions. 'And now', he continues,

comes the remarkable thing. Everyone—or almost everyone—was agreed that what is mental really has a common quality in which its essence is expressed: namely the quality of *being conscious*—unique, indescribable, but needing no description. All that is conscious, they said, is mental, and conversely all that is mental is conscious: that is self-evident and to contradict it is nonsense. It cannot be said that this decision threw much light upon the nature of the mental; for consciousness is one of the fundamental facts of our life and our researches come up against it like a blank wall and can find no path beyond it. Moreover the equation of what is mental with what is conscious had the unwelcome result of divorcing mental processes from the general context of events in the universe and of setting them in complete contrast to all others. But this would not do, since the fact could not long be overlooked that mental phenomena are to a large extent dependent upon somatic influences and on their side have the most powerful effects upon somatic processes. If ever human thought found itself in an *impasse* it was here. To find a way out, the philosophers at least were obliged to assume that there were organic processes parallel to the conscious mental ones,

² For a comprehensive critical review of the traditional theories of the body-mind relationship, see McDougall

(39), esp. Chaps. xi and xii. Dunbar (3), Chap. i, presents a survey of the recent literature on this topic.

related to them in a manner which was hard to explain, which acted as intermediaries in the reciprocal relations between 'body and mind', and which served to re-insert the mental into the texture of life. But this solution remained unsatisfactory.

Psycho-analysis escaped such difficulties as these by energetically denying the equation between what is mental and what is conscious. No; being conscious cannot be the essence of what is mental. It is only a *quality* of what is mental, and an unstable quality at that—one that is far oftener absent than present. The mental, whatever its nature may be, is in itself unconscious and probably similar in kind to all the other natural processes of which we have obtained knowledge.

In this passage Freud finds the traditional body-mind theories to be unsatisfactory, just as they were found to be above. But the passage brings out the important fact that despite the great differences between these above-mentioned body-mind theories, *they are all alike in the one respect of equating what is mental with what is conscious.* Since Freud writes that psycho-analysis escaped the difficulties of these theories by denying such an equation and by asserting that the mental is in itself unconscious,³ it is important to try to determine just what Freud meant by his concept of unconscious mental processes.

In Volume I of his biography of Freud (26, Chap. xvii, entitled 'Freud's Theory of the Mind,' pp. 403-4), Ernest Jones points out that Freud habitually used the phrase 'unconscious mental processes' in reference to the most complicated processes of thought which experience had taught him could go on unaccompanied by consciousness (as well of course as to processes which are inadmissible to consciousness), yet Jones shows how far from dogmatism he was in the matter by quoting the following passage concerning the displacement of affects (7, p. 298):

... Perhaps it would be more correct to say: these processes are not of a psychical nature at all, but are physical processes the psychical consequences of which are represented as if what is expressed by the words 'detachment of the idea from its affect and false connection of the latter' had really happened.⁴

³ Such a statement appears in varying forms in at least ten places in Freud's writings from *The Interpretation of Dreams* onwards; besides the two instances quoted in the text above, see also, for example, 9, pp. 612-613; 11, p. 104; and 14, p. 9.

⁴ See also Freud (16), p. 106: '... And if, for instance, we say: "At this point an unconscious memory intervened," what this means is: "At this point something occurred of which we are totally unable to form a

Such passages point to what might be called Freud's *metaphorical* meaning of 'unconscious mental processes'; that since psycho-analytic propositions are formulated in strictly psychological language at an appropriate degree of separation from physiology, the processes with which they deal are conveniently spoken of *as if* they were psychological processes, even though it should ultimately be possible to replace the psychological with a physiological formulation. According to this metaphorical meaning, then, unconscious mental processes are events formulated by means of psychological terminology which must be maintained for heuristic purposes until the time when it can be adequately replaced by physiological terminology.

But Freud often goes beyond this metaphorical meaning to a more *literal* meaning of 'unconscious mental processes', illustrated by such passages as the following (15, p. 167):

... psycho-analysis asserts that what is mental is in itself *unconscious* and that being conscious is only a *quality*, which may or may not accrue to a particular mental act and the withholding of which may perhaps alter that act in no other respect.

Freud evidently means here something more than an ultimately physiological process of which it is only provisionally necessary to speak *as if* it were mental; he means rather an act or process which may literally possess any of the characteristically mental attributes that conscious processes do (such as ideation, purpose, volition, etc.) except simply for the consciousness of them. And since, as Jones remarks (*op. cit.*, p. 404), Freud considered the actual nature of mind and matter to be intrinsically quite different, unconscious mental processes in the *literal* sense could not also be physiological processes. Although in themselves wholly unconscious,⁵ and '... probably similar in kind to all the other natural processes of which we have obtained knowledge', they would yet be distinct from and irreducible to any actual physiological or physical process.

Now the present claim is that Freud, by denying the equation between the mental and

conception, but which, if it had entered our consciousness, could only have been described in such and such a way.

⁵ In no case did Freud mean that these processes had any split-off consciousness or *subconsciousness*, since, as he remarked (9, p. 615; see also 11, p. 103), such an assumption would retain just that equating of mental with conscious which he energetically denies.

the conscious,⁶ has challenged the basic premise common to all the various traditional body-mind theories and has opened the way for a fresh approach to the whole problem. But it still remains that neither of these two meanings of 'unconscious mental processes' is itself sufficient to offer a resolution of the contradiction between body-mind interaction and the closed circle of physical causation. For, briefly stated, the metaphorical meaning of 'unconscious mental processes' retains the closed circle of physical causation while not providing for the causal effect of mental upon physical events (i.e. the psychological formulation is only provisional and ultimately replaceable by a physiological formulation), whereas with the literal meaning just the reverse is true: it provides for the influence of mind on body but still violates closed physical causation.

Underlying both these meanings, however, is Freud's above-mentioned assumption that the mental, even though by no means identifiable with consciousness, is still intrinsically different from anything physical or physiological. And the reason the assumption seemed obvious to Freud was no doubt that if the mental, 'whatever its nature may be', were *not* different from any physical or physiological processes, but were identical with certain instances of them, the result would be simply a variant of materialism in which characteristically mental attributes would be *reduced* to the motions of material particles. In other words, to use an analogy which Freud himself employed in another context, if the physical sciences could ever be extended far enough to encompass the realm of the mental by making it *identical* with any given physical or physiological processes, it would be like the invasion of a highly civilized country by a barbarian army, which would inevitably reduce the civilization of the country to its own primitive level. And since some forms at least of the mental are in fact not on the 'crude' level of physical or physiological processes, it appears a safe assumption indeed that they could never be shown to be strictly *identical* with any of them.

But suppose that certain differences between nineteenth and twentieth century science were to require a corresponding change in the analogy?: that the civilized country was still invaded, but that the invading army proved

much less 'barbarian' than was previously feared, and moreover that it was so readily assimilated to the new way of life it found there that, rather than reducing the civilization of the country to a primitive level, it was instead raised up to it, the level of civilization itself remaining completely unchanged. In that case, analogously, to hold that mental processes might really be identical with certain physical or physiological processes would no longer entail *any* reduction of the mental, but rather a raising of the physical or physiological processes involved, and one of the chief objections to such an identification would no longer apply.

It is one of the purposes of this article to show that there is an important trend in present-day science which supports just such a change in the analogy, and moreover that this trend is in evidence not so much in physics or physiology as in a certain branch of psychology itself. And the importance of this trend for the present considerations is that it supplements Freud's new approach to the body-mind problem in a way which the following pages will attempt to make clear.

The particular branch of psychology alluded to above is that of perception, and in this connexion the following passage from Adrian (1, p. 63) will prove to be quite relevant:

When a sense organ is stimulated, impulses are sent up to the brain in appropriate numbers and frequency to form some kind of picture of events in the receiving areas of the cerebral cortex. *We suppose that something like this picture can rise into consciousness and help to determine our behaviour.* But the argument has run too fast, for it must be remembered that most of our information about the receiving areas of the brain has come from animals under deep anaesthesia. It is a reasonable assumption that the same kind of picture would be formed in the conscious brain, that the same pathways would be open to the impulses from the sense organs, but we ought not to go farther without some direct evidence.

What is interesting about this passage is not only the empirical issue involved, but Adrian's formulation which I have italicized. For in supposing that 'something like this picture can rise into consciousness', he is distinguishing the picture *per se*, or something like it, from the consciousness of it; since according to this formulation it exists prior to its 'rise into consciousness' (or, as Freud would say, its taking

⁶ Freud mentions Theodor Lipps as one of the numerous nineteenth-century thinkers who independently came to challenge this premise (17, p. 382), but it is psycho-

analysis which has given to the concept of the unconscious a specific meaning and content based on concrete empirical findings.

on the quality of being conscious), even after this has occurred it would itself be something other than the consciousness of it. But what could this 'something' be? And strictly speaking, what is a picture in the first place? Let us consider this passage of Adrian in the case of our looking at what is ordinarily called a 'picture'—for example, at any ordinary snapshot—and consider with Koffka (28, pp. 74-75) what is on the developed plate:

... A picture? Yes and no; yes, when you include the person who looks at the plate in the situation, but *no* if you consider the plate by itself. On this plate you have a great number of particles which, before the plate was developed and fixed, were sensitive to light and were affected according to the intensity of the light which struck them. The weaker the light, the more easily will they be removed by the developer, so that on the developed plate you have a layer of material of a thickness varying from point to point and depending on the amount of light which fell on each point at the time of exposure. ... A complete table of these thicknesses would be a complete description of the developed plate. There is *no* picture on it, if we mean by picture more than this complete table. Break off a corner of your plate, rub off a part of the photographic layer, the rest will remain as it was before, each point having its characteristics independently of all the others.

Now Koffka and the other members of the Gestalt school of psychology have shown in great detail just how much more we *do* mean by a picture than this aggregate of related yet intrinsically separate particles on the plate. For a picture is always a concretely unified whole or gestalt, usually containing various sub-wholes (such as the objects in the snapshot) which are themselves concretely unified and concretely segregated gestalten. We ordinarily speak of a snapshot as a 'picture' whether anyone is looking at it or not, but strictly speaking 'it' is not a picture at all, since 'its' aggregate of particles are among themselves by no means concretely unified as are the parts of the *experienced* snapshot. This concrete unity or wholeness—so necessary for the very existence of a picture *as such*—is a contribution made by the organism in the process of perception, and strictly speaking must not be anthropomorphically

attributed to the developed plate, considered by itself, apart from this perceptual process.

The same considerations apply, of course, to the so-called 'image' of the snapshot focused on the retinal surfaces of our eyes, since there is no more concrete unity in the retinal mosaic of stimulated receptor-elements than there is in the original developed plate. And to be consistent we should have to draw the same conclusion about the projection by means of discrete nerve-impulses of the 'picture' upon the receiving area of the cerebral cortex. But then where *does* the picture as such originate which is so clearly experienced when it takes on the quality of consciousness?

A possible answer is that it is the quality of consciousness itself which contributes the concrete unity necessary for the picture *per se*. But such an answer is plainly incorrect, since ordinary perceptual contents, alike in having the quality of being conscious, may possess very different *degrees* of concrete unity, and there are specific objective conditions determining these degrees, such as similarity, proximity, direction, etc.⁷—conditions which have nothing to do with consciousness *per se*. Moreover, brain-injured patients who are not deprived of vision may nevertheless so lack concrete unity in visual experience that, for example, they can see only a small fraction of a straight line at one time, never the entire line as a concrete whole (see Gelb and Goldstein, 18, translated in Ellis, 4). Thus, the quality of consciousness is in itself insufficient to account for the presence of concrete unity in perception,⁸ and it must therefore be certain organizing processes in the brain which, by contributing this concrete unity, make a perceived picture to *be* a picture in the genuine unified sense. Gestalt psychology has postulated dynamic self-organizing processes (as opposed to rigid pathways and machine-like processes) in the nervous system to account for the facts of organization in perception, and in this connexion has put forward the hypothesis of *psycho-physical isomorphism*, first suggested in its modern form by Wertheimer in 1912 (41), and formulated by Kohler (29, p. 193)⁹ in 1920 as follows:

⁷ See Wertheimer's classical paper on 'Laws of Organization in Perceptual Forms' (42). A condensed English translation of this paper appears in Ellis (4), along with similar translations of many of the main experimental (as well as some of the theoretical) studies published by Gestalt psychologists between 1915 and 1929.

⁸ The Gestalt school has amassed a great amount of evidence to show that essentially the same is true of such

other 'higher mental processes' as judgement, association, attention, inference on the basis of past experience, and various other forms of so-called 'psychic synthesis'. See Koffka (28), Chap. iii, and Kohler (30), Chaps. iii-vi.

⁹ A condensed English translation of this important book appears in Ellis (4), pp. 17-54.

... Any actual consciousness is in every case not only blindly coupled to its corresponding psychophysical process, but is akin to it in essential structural properties.

This hypothesis of isomorphism has been one of the fundamental ideas behind the researches of the Gestalt psychologists for over four decades, and since it represents a distinctive attempt to come to grips with the body-mind problem, it should be made perfectly clear just what are the two terms said to be isomorphic. One of the terms is quite clearly the conscious experience itself, but the other has often been taken to be either the outside physical situation to which the experience 'corresponds', or the stimuli from the physical environment which impinge on our sense-organs. The Gestalt hypothesis of isomorphism refers of course to neither of these, since, although there may be such isomorphic relations in certain cases, in others there plainly are not. To an experienced constellation of stars, for example, there is no corresponding physical entity, and conversely, camouflage shows that there may in a sense be circumscribed objects without any corresponding experienced objects. And in the case of stimuli impinging on our sense-organs, there are innumerable examples to show how little they may correspond to what is eventually experienced, as in the case of perceptual constancy, in which properties of objects such as their shape are experienced as relatively constant despite the wide changes in the shape of their retinal images as we view the objects from different perspectives. Thus, what the Gestalt hypothesis of isomorphism specifically refers to is only the relation between an instance of conscious experience and the particular brain-process which underlies it.

How, then, does this hypothesis of the body-mind relation differ from the classical theory of psychophysical parallelism? The main difference is that in the latter theory the conscious experience and the underlying brain-process are indeed thought to be 'only blindly coupled', for how could the motions of atoms and molecules in the brain in any way resemble mental contents? Isomorphism, on the other hand, postulates just such specific similarities between the phenomenal experience and the underlying brain-process, and in this way illustrates the above-mentioned trend away from a wholly foreign and 'crude' view of physical processes in nature, including bodily processes (see Kohler, 31, especially, Chaps. v-vii). Apart

from this difference, however, isomorphism is still a variant of psychophysical parallelism, since for it there is still an admitted duality between experience and the underlying brain-process, with no possibility of any strictly causal relations between the two without violating the principle of closed physical causation.

But to return to our example of looking at the picture, even if we were to admit the presence of structural similarity or isomorphism between the conscious experience of the picture and the underlying brain-process, it would by no means follow that the latter could form any picture *per se* corresponding as such to the picture that we experience. For there was also some structural similarity or isomorphism between the experience and the *developed plate* without the latter being a picture as such, and the very same reasons why the plate was not a picture would seem to apply equally to the brain-processes underlying the experience: no matter what structural 'macroscopic' or 'molar' properties they may possess, if they are all ultimately microscopic molecular processes, as they are generally thought to be, they are all intrinsically separate from each other and not *concretely unified* in the way that characterizes the picture *per se*. It is quite true that they interact dynamically in a way in which the particles on the plate did not, but to the extent that these interactions of the molecular processes consist of separate contact actions transmitted successively over the intervening medium, among the molecular brain-processes themselves there is still no unity in the *concrete* sense which characterizes the picture, and it still remains a mystery just where our picture comes from.

At this point, however, as is clearly indicated in Adrian's chapter 'The Electrical Activity of the Brain' from which his above-quoted passage was taken (see also Morgan and Stellar, 40, Chap. xxvi, and Lindsley, 38), the neurophysiology of the last thirty years has increasingly indicated that brain-activity cannot any longer be thought of solely in terms of microscopic molecular processes, since there are also *extensive electrical fields* operative in the brain—a fact long since known and emphasized by the Gestalt psychologists (see Kohler, 29, 32, and Koffka, 28). Could it then be such electrical brain-fields which supply our picture by possessing the concrete unity so necessary for it? Initially, of course, there seems no more reason why electrical fields should possess such concrete unity than that microscopic molecular

processes should, but there are detailed reasons for assuming that such unity is indeed a characteristic of all physical fields,¹⁰ and that these other processes lack such unity only to the extent that their own fields are so much weaker and less extensive. For example, the fields surrounding the particles on the developed photographic plate become so negligible at any appreciable distance outward from them that there is no concrete unity among the aggregate of such particles, and thus there is no unified picture on the plate itself. And the same applies to molecular brain-processes the structural aspects of which are isomorphic to the experienced picture. However, since the extensive electrical field generated by such processes can be assumed to possess such concrete unity in proportion to its quantitative intensity, it would then be this field which constitutes the picture *per se*. And if the picture has been formed in the brain as a field, continuity would seem to indicate that it is this very field-picture itself which then takes on the quality of being conscious, and which is the picture that we experience (though of course we experience it not as a field in the brain but as the actual picture out there in space). Such a literal identity hypothesis would depart considerably from the Gestalt isomorphism hypothesis, which as noted above remains dualistic. Nevertheless, whereas the experienced picture could at best only be isomorphic and never identical with such things as structurally-related molecular brain-processes, it seems much more plausible that it could indeed be identical with such things as unified physical fields.

Before proceeding any further, however, just what is the evidence for such extensive electrical fields in the brain? This is of course a question of neurophysiology, but it is a question of psychology as well, since there is a growing trend in modern academic psychology to utilize *field-theories* to explain not only the facts of perception but also those of other psychological functions such as learning and motivation.¹¹ And it was the Gestalt psychologist Kohler who as early as 1920 (29; see footnote 9 above) advanced the hypothesis of electro-motive forces in the brain resulting not from the

superimposed fields of neural impulses but from differences in ionic concentrations between adjacent boundary regions in the cortex. In 1924 Berger discovered the existence of rhythmic brain-potentials which were sufficiently strong and extensive to be picked up by electrodes separated from the brain by skull and scalp—a discovery which was universally doubted by physiologists until Adrian repeated Berger's work, and which opened up the entirely new field of electroencephalography. Relevant to the origin of these and other brain-potentials was the suggestion made by Gerard (19) in 1936 that, quite apart from the discrete impulses transmitted in nerve fibres, action in the brain may involve field-potentials pervading the tissue as a continuum. Later, he and Libet (20, 21, 37) working with the frog brain, showed a potential field present in which waves of electrical activity could cross complete anatomical cuts, as well as synapses blocked by drug action, and maintain functional interrelations between the separated brain regions. Then in 1944 Kohler published with Wallach (35) an account of a comprehensive set of experimental investigations on figural after-effects, interpreted in terms of field-currents between functionally interrelated parts of the cortex. And several years later, in a paper read at the 1948 Hixon Symposium (25, which also describes some of the work on figural after-effects), and in an article published with Held (34) entitled 'The Cortical Correlate of Pattern Vision', Kohler presented a startling set of records: electrodes placed on the head in the occipital region were found to pick up changes in electrical potential directly correlated with the slow movement (only a few complete movements per minute) of a line past a visual fixation point, as well as with other types of moving patterns, all of which offers strong confirmation of Kohler's above hypothesis of 1920. In general, to quote from a statement of Gerard (25, p. 237) following Kohler's Hixon Symposium paper:

The fact that fairly steady and spatially extended semi-uniform potential fields exist in the nervous system normally is now, I think, established beyond equivocation; both in isolation and *in vivo*, both in

¹⁰ See author's doctoral thesis, University of London, on which this paper is based.

¹¹ For example, Hilgard's recent standard text *Theories of Learning* (24) is divided into two main sections, association theories and field theories. Certain field theories, of course, of which Kurt Lewin's is the out-

standing example, employ the field concept not in the literal physical sense in which it is used above, but as a special construct used only in reference to psychological subject-matter. The classical Gestalt usage of 'field', however, is closer to the above physical sense.

the frog and in the mammal. That these potential fields can be altered by the physiological state of the system is also, I think, certain. . . .

And referring to potentials elicited by local irritation of the rabbit cortex, he then states:

These potentials, which are steady or change slowly over minutes, are tremendous things. The ordinary brain wave potentials are under 100 microvolts, even convulsive ones rarely reach a millivolt; but the d-c potentials in these cases run to 30 or even 50 millivolts—a twentieth of a volt! These approach the full magnitude of the membrane potential of nerve or muscle fibres, and they show early the temporal and spatially quasi-constant variety which changes in time and characteristic positions in space. It is hard to believe that they are not highly important in neural function. (Italics mine.)

Concerning the relation between potential fields in the brain and conscious experience in general, even these few references just mentioned will indicate that the virtually new science of the electrical activity of the brain has already obtained results which are extremely suggestive. And if such results, as well as much of the research being done to-day in academic psychology (see below), can serve as a factual point of departure for extending what has been said above concerning the picture to the relation of mental and bodily processes in general, we should not hesitate to make such generalizations as long as they are in the form of empirically testable hypotheses, especially since experimental tests of such hypotheses may be closer at hand than they are generally thought to be.

First of all, then, what can be said about the picture (perceptions) can equally be said about all the rest of the constituents of the mental (. . . ideas, memories, feelings, acts of volition' and so on): they all presuppose some degree of *concrete unity*, since they are all gestalten irreducible to any sum of separate part-elements. Also, like the picture, each has its own particular *structure* which uniquely characterizes it, just as two different experienced snapshots are alike in being concretely unified, but are distinguished by the differences in their structures. These two attributes are both

necessary for something to be a mental constituent. And molecular brain-processes probably possess a *structure* similar to that of the experience, but just as they could not themselves form a picture as such, they could not form any other mental constituent, since they are molecular processes and thus do not among themselves possess *concrete unity*. Extensive physical fields, on the other hand, such as those surrounding magnets, possess *concrete unity* but not in general the *structure* characteristics of mental constituents. However, the physical fields generated by the molecular brain-processes underlying experience take on the same structure as these processes themselves (for instance, the field which, in our example above, constituted the picture in the brain), and so those particular physical fields—unlike all other brain-processes and all other extensive physical fields—do possess the two attributes necessary for something to be a constituent of the mental.

In the case of the experienced picture we have seen that there are strong reasons against assuming that consciousness is what constitutes it as a picture, as well as against the molecular brain-processes doing so, so that the only thing left to do so was the physical field generated by the molecular brain-processes underlying the experience. And as the quotation from Adrian suggested, the picture arose in the brain before taking on the quality of being conscious,¹² during which time it existed as a physical field, so that the simplest assumption is that it continues to be this physical field itself which takes on the quality of being conscious, and which we experience as the picture. The same would apply in general to all other contents of experience. But there are innumerable molecular brain-processes which do not at a given time underlie any conscious experience and yet which must possess a structure that was, for example, part of a past experience; memory-traces, whatever these may be physiologically, are instances of such processes. Moreover, there are strong reasons for believing that memory-traces in general are surrounded by fields¹³ which take on their structure and of

¹² Cf. Freud (10), p. 27: 'The next and most probable theory which can be formulated at this stage of our knowledge is the following. Unconsciousness is a regular and inevitable phase in the processes constituting our mental activity; every mental act begins as an unconscious one, and it may either remain so or go on developing into consciousness, according as it meets with resistance or not.'

¹³ See Kohler (32), pp. 133-34: 'It may be asked whether from this point of view we should also attribute

a field to a memory trace. The answer to this question will depend upon the assumptions which we make about the nature of the trace. To a degree, however, our decision in this respect is again prescribed by our previous steps. We interpreted grouping in perception as the outcome of interactions among percept processes; and the only way of understanding such interactions seemed to us given in Faraday's view that a single object, in our case a single percept-process, is surrounded by a field. Now it is perfectly easy to demonstrate that a perceptual group

course possess concrete unity as well. Psychoanalysis has shown the extent to which memory-traces, whether preconscious or unconscious (i.e. inadmissible to consciousness) can produce all their effects without in any way becoming conscious, and undoubtedly the fields generated by such active traces play a considerable part in bringing about these effects. They must do so particularly in acting 'at-a-distance' on other mental contents and systems (see Hartmann, 22a, especially pp. 41-43), an action which would appear to play a crucial rôle not only in many types of ego-functioning but also in such phenomena as displacement, condensation, regression, transference, and substitute- as well as symptom-formation in general.

The point is, then, that whether or not these fields take on the quality of being conscious, they will truly be unconscious mental processes in the literal sense. As Freud wrote, the withholding of consciousness may perhaps alter them in no other respect, whether they are perceptions, memories, thoughts, wishes, or any other mental constituents. However, instead of having to make with Freud the gratuitous assumption that mental processes which are wholly unconscious are yet something other than any physical or physiological process (what else could they be?), they would be none other than these structured physical fields themselves. For Freud's assumption was based upon the nineteenth-century view of physical and physiological processes as being ultimately crude concatenations of masses in motion,¹⁴ which certainly could not include anything characteristically mental (such as thoughts, memories, etc., whether they are conscious or not). Indeed, *molecular* brain-processes, al-

though probably partly isomorphic in structural properties with contents of experience, could still not be considered as unconscious mental processes in the literal sense, since (with the picture as our paradigm) we have found that concrete unity is also necessary for anything literally mental, and concrete unity is what no molecular processes could possess. But the non-material *fields* generated by such processes possess both attributes, and yet are certainly also physical, so that they are both mental and physical, and thus most clearly represent the change from the 'crude' view to the modern and very different view of the physical expressed in the analogy above.

This changed and much enriched view of what physical processes—namely, structured brain-fields—may contain, a view brought about as much by psychology as by physics and physiology, thus enables us to follow Freud's statement that mental processes are in themselves unconscious, and simply to specify further what such unconscious mental processes might be. For it is just this change in view which enables us to suggest their 'identification without reduction' with such structured brain-fields, regardless of whether or not they have taken on the quality of being conscious.¹⁵ This hypothesis of the body-mind relation, which I propose to call the *field-identity theory*, therefore not only avoids having to postulate something in nature which is in itself neither conscious nor physical, but at the same time resolves the contradiction between interaction of bodily and mental processes and the closed circle of physical causation: if mental processes are identical with certain physical field-processes, their interacting with material processes in the brain

will often be *recognized* not because its members have specific properties, but because the group as such has certain characteristics. In this case the trace of a group reacts to the group-characteristics of a percept; this reaction occurs on the basis of similarity *as to such group-characteristics*. Consequently the trace must have these characteristics in common with a given percept; in other words, the members of the group-trace are still in the same relation of interaction as prevailed within the group-percept before it became a group-trace. For the sake of consistency we must therefore postulate that the members of group-traces are surrounded by fields. And from this point of view it seems quite likely that a group of interacting traces is characterized by a group-field which may slightly extend beyond this group itself. With this premise there is no reason why the same should not hold for individual traces. See also the rest of the chapter. For a systematic elaboration of the Gestalt theory of memory and memory-traces, see Koffka (28), Chaps. x and xi.

¹⁴ See Freud (8), p. 369: 'Where do qualities originate? Not in the external world; for out there (accord-

ing to the views of natural science, to which, in this discussion, psychology too must submit) *there are only masses in motion and nothing else*' (italics mine). For an account of the way in which mechanistic materialism in physics has gradually come to be replaced by field-theory, see Einstein and Infeld, *The Evolution of Physics*, Simon and Schuster, New York, 1938.

¹⁵ Ernest Jones writes in his paper entitled 'The Early History of Psycho-Analysis' (27), after mentioning the theories of Schopenhauer, Wilks and von Hartmann: 'In the early part of the twentieth century, however, a fierce opposition arose against the very idea (of an unconscious mind), and both philosophers and psychologists joined in asserting that *anything that was not conscious must be physical*, as Carpenter had maintained in his phrase, "unconscious cerebration". That may very well be true, but if so it must be equally true of conscious processes as well, for the fact remains that both are *indistinguishable only in the same language and cannot be distinguished except in the one respect of consciousness being present or absent*' (italics mine).

would simply be a special case of any physical field interacting with material processes—for example, the field surrounding a magnet attracting or repelling another magnet. Thus, body-mind interaction would no longer entail in every case some mysterious intrusion from one 'realm' into a wholly different and otherwise self-sufficient one, but, without any reduction of what is mental, would be recognized as an instance of the same kind of interaction that takes place everywhere else in the one homogeneous framework of physical nature.

How does consciousness fit into this theory? Simply, as Freud has shown, as a quality which the various mental constituents may or may not have, and which as a quality is itself wholly undifferentiated and adds nothing to such constituents except the bare presence of itself. Returning to our familiar example above, the very picture that we consciously experience is itself something other than the consciousness of it, and if it is a structured physical field it can very well 'help to determine our behaviour' (see quotation from Adrian above) without violating closed physical causation, by interacting with brain-processes which are not in conscious experience. But what could be the explanation of the presence of this quality of being conscious, which seems so mysteriously to 'emerge' out of presumably unconscious physical processes? The present theory simply admits that for *this* problem it is not yet able to offer any satisfactory hypothesis. However, the main point is that once we follow Freud in challenging the assumption common to all the traditional body-mind theories (see above) of equating the mental with the conscious, *this* problem no longer represents any so-called 'body-mind problem', but becomes a relatively peripheral issue, since consciousness is not 'mind' at all but is only an undifferentiated quality of mental constituents which are in themselves something quite different. The explanation of the picture of which we are conscious is, as we have seen, entirely different from that of the consciousness of it, and the same would apply to all other constituents of the mental, such as thoughts, memories, wishes, feelings, and so on. The explanation of any of these mental constituents becomes simply an ordinary empirical problem in natural science, not to be confused with the very different side

issue of that of consciousness *per se*, which was elevated by traditional philosophy into 'the body-mind problem' simply as a result of the unwarranted equation of the mental with the conscious.

Determination of the *conditions*, of course, under which we become conscious of a mental constituent is also an empirical matter involving factors such as the distribution of attention-cathexis and the dynamics of repression. Concerning such factors, the hypothesis is suggested that a mental constituent's becoming conscious is equivalent to its being enabled by them to come into functional contact with the *perceptual self* (considered as a part of the self as distinguished by Hartmann (22) from the ego); and moreover that our being conscious or unconscious itself is equivalent to the cathexis or decathexis of the perceptual self, a hypothesis which may eventually be put to direct test by neurophysiology or anaesthesiology. What remains as yet unspecified is the intelligible origin of the quality of consciousness itself, but the mental and physical factors determining what takes on this quality are invariably *functional* conditions all belonging to the same physical world of nature, and all equally specifiable by empirical methods. As for consciousness itself, since it is a quality it cannot as such be assumed to possess any causal efficacy.¹⁶ What is causally efficacious in a given case is the mental constituent *of which* we are conscious, and which may have had to fulfil all the functional conditions necessary for taking on the quality consciousness (such as ego-syntonicity) before it could be causally efficacious in just this way. For example, take the case of the therapeutic effect (usually involving somatic changes) of making conscious what was unconscious; much of this effect depends upon a restructuring process involving the synthetic function of the ego and requiring genuine work in the sense of an expenditure of ultimately physical energy. If we are to comply with the principle of closed physical causation (and of the conservation of mass-energy), we cannot consider it to be the quality of consciousness itself which does this work, but rather a process of ego-functioning which can be operative only when the unconscious contents have become sufficiently ego-syntonic to permit their becoming *preconscious* and eventually taking on the quality of consciousness.

¹⁶ A point which is reflected by the transition in psycho-analytic metapsychology from formulating con-

sciousness as a *system* of the mental apparatus (Freud, 9, 11), to formulating it as a *quality* (Freud, 16, 17).

Thus, whereas this quality 'remains the one light which illuminates our path and leads us through the darkness of mental life' (17, p. 382), it would not be this quality itself which would bring about any of the changes leading to a therapeutic effect, but rather a set of functional processes which, however great in complexity, at least all ultimately belong to one homogeneous realm of causation.

Perhaps the chief objection to this *field-identity theory* of the body-mind relationship is the difficulty of assuming that mental constituents such as thoughts, memories, wishes—yes, even feelings and sensory qualities (as distinct from the consciousness of them)—can in any way be physical. But if this objection is one of *principle*, then it implicitly assumes the 'crude' view expressed in the analogy above that nothing which is physical could also be identical with the constituents of the mental. We have examined some of the reasons—although necessarily only a small proportion of them—for abandoning this view in favour of the one expressed by the changed version of the analogy, and centring on the advent of *field-theories* in all the branches of modern natural science as a supplement to (and perhaps ultimately a complete replacement of) the more materialistic theories characteristic of the nineteenth century. It should be emphasized that this identity (without reduction) of the mental with the physical would in no way affect the necessity for psycho-analysis to use strictly psychological terminology. On the contrary, according to such an identity theory, when the time comes when enough is known about brain-processes to specify them in detail, the neurophysiologist will find himself having to incorporate psychological language into his brain-physiology without any animism or anthropomorphism being involved (see Kohler, 31; Kretch, 36; Hebb, 23, esp. pp. xviii and 4-6), especially since he will be dealing with brain-fields which possess irreducibly mental characteristics. The psychological terminology which it was one of Freud's great achievements to have adopted—representing as it did the slow and difficult process of his emancipation from the formulations of nineteenth-century neurophysiology—may turn out to be much less provisional than he himself believed. According to the ideas put forward above, in any eventual coalescence of psychology and neurophysiology (see Kubie, 36a; Lashley, 36b) there will have to be just as much of an incor-

poration of psychology into the language of neurophysiology as a replacement of psychological by neurophysiological terms, since in some cases at least, the subject-matter of the two sciences will turn out to be literally one and the same thing.

The present field-identity theory has been stated above only in barest outline, and thus many of the ways in which it could be made meaningful in terms of psycho-analytic metapsychology have had to be omitted. The main example has been that of perceiving a picture, but this was chosen only for its relative simplicity; the theory itself is quite general and in no way involves the neglect of drive and motivational factors so characteristic of psychological research in perception. Potentially, at least, the theory has quite specific relations to concepts dealt with by psycho-analytic metapsychology, particularly those of repression, affect, memory, and psychical energy, as well as those of cathexis and hyper- or attention-cathexis, of the self as distinguished from the ego (Hartmann, 22), and of psychic structure in general. But each case of the relations of the theory to such phenomena represents a specific set of empirical problems, and even though there are some things about these relations which could already be stated with reasonable assurance on the basis of our present knowledge, it is best to proceed cautiously in this direction lest present attempts at specification prove to be premature.

The direct point, however, at which the above theory meets psycho-analytic metapsychology is in the concept of unconscious mind. And in following Freud's rejection of the equation of mental and conscious, the field-identity theory departs completely from all the traditional theories of the body-mind relationship. Specifically, it is not even a special case of the traditional identity theory, since the equation of mental and conscious is just what the latter assumes. Nor is the field-identity theory materialistic in any characteristic sense, since it is in no way reductive, nor can physical fields be said to be 'material'. It is not epiphenomenalistic either, since the mental content itself, as distinguished from the consciousness of it (which may or may not be present), is causally efficacious electrical field-energy. Finally, the theory provides for genuine body-mind interaction, yet departs completely from the traditional dualistic theory of interactionism; the interaction is simply of that which is both mental and bodily (the structured electrical

brain-fields) with that which is only bodily (the neural substrate, leading to behavioural and other bodily processes).

To return to possible objections to this theory, if such objections are not those of principle but concern empirical validation of the theory as stated, then it should be pointed out that another way in which this theory differs from the traditional body-mind theories is precisely in its amenability to empirical test. Specifically, if mental constituents really are structured brain-fields, then the latter should as such be found to be present in the brain provided that they are searched for in appropriate ways, and indeed, as indicated above, research in this direction is already well under way. The facts relevant to testing this theory, however, are by no means restricted to neurophysiology, since they include those of psychology as well, and indeed the issue between *field* versus *mechanical* types of explanation is one of the central issues in experimental psychology to-day, around which a great amount of evidence has already been amassed on both sides (see Hilgard, 24; Hebb, 23). Moreover, the trend over the last thirty years has definitely been in the direction of

the field type of theorizing, and the above field-identity theory of the body-mind relation is at least a defensible theory in the light of our present knowledge. And its great advantage is of course that it saves us from wondering just how (or indeed, whether) 'a psychic formation—a thought—can attain the power that enables it to set gross organic quantities in motion . . . (Ferenczi, 5, p. 100), since this would be merely a special case of ordinary field-matter interaction. The author mentioned by Alexander (see above), and physicians in general, would no longer need to hesitate in ascribing to mental as well as to bodily factors the genuine causal rôle that they play in the etiology of human disease processes, since the mental factors would be completely homogeneous with the bodily ones without for that reason being in any way reduced to something other than themselves. Finally, according to this theory the psychosomatic concept would no longer be a primarily verbal device for affirming the 'unity' of body and mind in some vague or figurative way, but would signify a specific and literal identity of body and mind on the level of the physical field.

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PSYCHOSIS AND PSYCHOSOMATIC ILLNESS¹

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PART I

Of the many problems confronting the researcher in psychosomatic medicine I have chosen to follow on a genetic basis the development and inter-relationship of psychosis and psychosomatic illness. I shall concern myself mainly with two questions which appear to me of paramount importance, namely: (1) What are the dynamic factors which account for the phenomenon of one individual's developing a psychosomatic illness (that is, a psychiatric disorder with predominantly somatic manifestations), in a certain life situation to which another individual may react with a psychotic break? (2) What are the factors responsible for the phenomenon of alternating states of somatic and psychotic reactions in the same individual?

It is my intention to demonstrate that the psychosomatic pattern of response is the result of a specific outcome of the basic instinctual conflict between the (child's) destructive and libidinal impulses. The nuclear pathogenic conflicts in neurosis have been found to relate mainly to the oedipal phase of the child's development. In the psycho-analytic treatment of patients with various psychosomatic disorders I have found that the pathogenic conflicts providing the basis for the somatic reactions of these patients dated back to an earlier childhood period, namely, to the pre-oedipal or pre-genital phases of their development. The basic instinctual conflict between the child's destructive and libidinal impulses during these phases is reflected in his primary relationships with people leading to specific ambivalent object relationships.

The psychosomatic patient denies the perception of impulses, or the awareness of wishes that are 'bad' or 'dangerous'. In the neurotic compromises, forbidden oedipal impulses are repressed and manifested in a disguised form, namely, the symptom dealing with the return of the repressed. The forbidden wish can be fulfilled in the symptom and atoned for at the same

time. In the psychosomatic symptom there is no return of the denied impulses into the conscious in any form, and the patient has no awareness of the threatening impulse or painful emotion. It is in the course of psycho-analysis that he is confronted in amazed incredulity with the existence of such impulses, feelings, wishes (in their physical form)—the psychosomatic disorder. As one patient with chronic ileitis said of himself on discovering the meaning of the lump in his throat and the pain in his 'guts', 'It makes me a martyr and not a maniac.'

The psycho-analytic treatment of children suffering from psychosomatic ailments, and especially the method of concomitant treatment of such children and their mothers, gave me an opportunity to observe the nature and the genesis of these conflicts, and their dynamic effects, often from the very onset of illness. I have found that the development of the psychosomatic pattern of response was rooted in a specific mother-child relationship which determined this specific outcome of the struggle between the two primary instincts. The outstanding feature of this relationship on the part of the mother is her need to keep the child in a lifelong dependence for the gratification of vitally important bodily and emotional needs.

In the psychosomatic relationship the mother rewards in actuality the dependence of the child, and although she may complain overtly about the burdens imposed upon her by the illness of the child, she can give love and care only to the sick child. The child's dependence on the mother, cemented by the illness, creates a sort of magical relationship (a mutual magical life insurance) between them, with reassurance to the child that he will not suffer a loss of his mother as long as he remains dependent upon her. When the child complies with these unconscious needs of his mother, namely to be sick, and thus remain the helpless infant, the unconscious gratification in the mother leads her to a guilty pre-occupation with the child's care. She may

¹ Read in part before the Annual Meeting of the American Psychoanalytic Association, Los Angeles California, 2 May, 1953.

consciously resent the child's illness and give the impression of rejecting the child.

This can assume grotesque proportions, as in the case of a four-year-old child suffering from abdominal cramps and diarrhoea, whom the mother kept on a liquid formula, specially prepared by her, and fed personally to the child. Another case of exaggerated ministrations on the part of a mother is that of one who 'complained' that she was wearing herself out preparing three different diets for her husband, who suffered from peptic ulcers, and her two children, one of whom had allergies and the other mucous colitis. This mother was bordering on a severe depression when she lost her three dependents to health, because through that arrangement she had managed to counteract her own unresolved dependence, and to maintain the phantasy of omnipotence.

Another mother whose child had ulcerative colitis was at her post 'like a soldier' whenever the child was very sick, but would become depressed and anxious during the child's remissions. She had been able to rationalize to herself and others that this behaviour was justified, maintaining that she could not relax her vigilance since she knew from experience that she could expect another recurrence of the ulcerative colitis at any moment. In the course of her treatment she recognized that this behaviour had cloaked her unconscious need for the child to be sick.

In this connection a factor important for the technique of treatment of psychosomatic ailments both in children and in adults becomes evident. This factor is the unconscious unwillingness of the mother in the case of a child, or of the mother or her substitute in the case of an adult, to sever this relationship with the child or with the partner representing the child. If this unconscious attitude of the mother is not taken into consideration, treatment will not be successful, because the mother's resistance may lead to withdrawal of the child from treatment, or to aggravations of the child's condition during treatment. A severe reaction, even a psychosis, may be observed in the mother when the child resolves this relationship with the mother before the mother has been helped to give up the child and to find other and more appropriate outlets for her needs. Such incidents have been observed especially in cases of children with morbid skin conditions where the symbiotic relationship between mother and child seems to be particularly close.

It is seen in some cases that the mother is in

reality pleased to perpetuate the child's physical helplessness, since many needs can be satisfied in the unity established between the mother and a sick child. It can compensate for a bankrupt marriage or a sense of personal inadequacy. It is as though the mother were comforting herself by thinking: 'If I have nothing else, at least I mean something to a child who depends on me for its life.'

Bodily illness as a form of helplessness is socially acceptable, and a premium is put upon the care given to a sick child. The psychosomatic illness of the child provides the mother with a setting for acting out more deeply repressed unconscious impulses, often of a polymorphous-perverse nature. These repressed pre-genital (sexual) drives of the mother find gratification in the physical ministrations to the child. In this way the mother can avoid awareness of such urges within herself but can be preoccupied with them outside herself (in the child), and satisfy them through the child.

At present the commonly accepted viewpoint regarding the mother-child relationship in the case of psychosomatic illness puts the emphasis upon the mother's rejection of the sick child. I wish to make a statement which could be arrived at only through the psycho-analytic study of the mothers of psychosomatically ill children. I have found that the mother in the case of a psychosomatic illness of the child *rejects* the child only when he is *healthy* and evidences strivings towards independence, but encourages his illness and rewards him when he is sick.

I see in this fact the fundamental difference in the mother-child relationship between the psychosomatic pattern and some psychotic patterns of response. In the cases of psychotic development which I have studied, I have found that there is *outright rejection* of the child by the mother. In the psycho-analysis of mothers of children who had psychotic reactions, I found that these mothers frequently had fears concerning the mental health of the child even before its birth. In several cases I found that the mother had unconsciously identified this child with some psychotic member of her own or of her husband's family, and that she had approached the child since his birth as if he were not 'normal', watching continually for signs of his insanity. Children can be amazingly obliging to the unconscious needs of their mothers, especially if they are conditioned to them so early in life. These mothers rationalized their attitudes with the child's behaviour which became manifest

only later. In such a relationship the child has nothing to gain by being sick somatically; it does not pay to repress destructive and sexual pre-genital impulses.

In the psychosomatic relationship the child cannot resist the mother's unconscious bid for the continuation of a relationship which promises gratification of his infantile needs as long as he remains attached in this way to the mother. In this relationship it pays for the child not to expose the mother by overt behaviour. The gratification of such mutual needs in an overt form is possible only in perversion or psychosis. The child conditioned to derive such gratification from this relationship will insist upon the mother's attending to these needs. To become sick, therefore, means to establish or re-establish the conditions for immediate gratification of such needs, while at the same time the destructive impulses find immediate release through bodily symptoms without coming to conscious awareness.

Whenever a person so conditioned perceives a threat to this relationship with the mother, or the unconscious representative of the mother (which can be father, husband, wife, child, etc.), he will react with the psychosomatic response. Losing the mother does not have to be actual (physical) loss or separation, but implies losing mother's love, or even incurring her disapproval. The onset, recurrence, or exacerbation of the psychosomatic illness occurs in such a precipitating life situation, e.g. start of school, birth of a sibling, in adolescence, start of career, marriage, divorce, childbirth, infidelity, etc.

Through the illness this relationship is not only maintained, but over-emphasized in reality. An important gain in psychosomatic illness is the appeasement of the severe superego of such a patient through the bodily suffering. By releasing destructive impulses in the symptoms, he saves himself from feelings of guilt and anxiety. Both the libidinal and destructive impulses of such a patient belong to the pre-genital phases and are characterized by their urgency, which the child and likewise the psychosomatic patient are unwilling to tolerate.

Some of these considerations can be illustrated, perhaps, by episodes taken from the psycho-analytic treatment of a girl patient who in the course of her analysis changed from one psychosomatic syndrome to another at one time, and had a psychotic episode at another time

when her psychosomatic symptoms had disappeared. In addition, her mother had an episode of depression during one phase of the child's treatment.

This patient had developed ulcerative colitis at the age of seven and a half. After a year of analysis, when the dynamics of the ulcerative colitis had been analysed and she no longer could 'produce' attacks of ulcerative colitis, she developed ulcers of the leg.² For a short period preceding the onset of the leg ulcer, this child displayed for the first time marked overt anxiety, and suffered from severe insomnia. She clung in panic to her mother during one session, as if she feared that her mother might be pulled away by some invisible force. These reactions and her entire behaviour had the qualities of an incipient psychosis. What happened? Why did she not develop a psychosis then, but instead developed ulcers of the leg?

PART II

Before attempting to answer these questions on the basis of psycho-analytic experience, it might be interesting to turn our attention for a moment to the experiences of non-psycho-analytic research in this particular area. What is known of the interrelated dynamics of psychosomatic illness and psychosis and of the circumstances under which psychotic episodes have occurred during the treatment of psychosomatic disorders? Recently psychotic incidents occurring during treatment with cortisone and ACTH have attracted psychiatric attention. A survey of the literature indicates that the abrupt removal of the somatic symptoms is assumed to be the causal factor. Observations of psychosomatic illness in psychotic patients reveal a lower incidence in the psychotic as compared with the non-psychotic population. A group of investigators found that in one group of their material the psychosomatic disorder disappeared with the onset of the psychosis. They expressed the belief that to a certain extent an 'either' (psychosomatic) 'or' (psychotic) mechanism may prevail.

Of interest is Kerman's report of two patients with asthma in whom the asthma preceded the psychosis (manic-depressive) and returned after the psychosis was relieved by shock treatment. Other observations where the disappearance of the psychosomatic condition was followed by psychosis seem to support this belief. In all these

² For the detailed history and the psychodynamics of this case the reader is referred to 'Psychoanalytic Study

of Ulcerative Colitis in Children' and 'Analysis of a Case of Recurrent Ulcer of the Leg'.

instances, however, the factors which operated in the change of the psychosomatic condition into a psychotic one remained obscure. It is difficult to understand also why such a reaction should occur only in some patients and not in others, when the circumstances appear to be similar in each case. Another important question comes up. Why do some patients change their psychosomatic pattern of response to that of psychosis in a situation in which other patients, e.g. my patient, change the psychosomatic syndrome (ulcerative colitis to ulcers of the leg) but not the psychosomatic pattern of response?

Psychotic incidents occurring during treatment with cortisone and ACTH may not have a full bearing upon this study because of the specific pharmacological effects of these hormones on moods; nevertheless, the fact that only some individuals react to these hormones in this particular way should direct our attention to the psychological history of the (premorbid) personality of these individuals, and make us look for possible psychological factors not apparent without thorough psychological investigation.

On the basis of my concepts regarding the dynamic significance of the mother-child relationship in the genesis and maintenance of these two specific pathological patterns of response, namely the psychosomatic response on the one hand and the psychotic on the other, it would seem possible to define the factors which operate in the transformation of a psychosomatic condition into a psychotic one. I propose that this specific change must have occurred in the relationship with the mother (or her substitute), with all its consequences. I consider this specific relationship with the mother as the dynamic primary factor in each of these two patterns of response. This change in the quality of relationship with the mother or her substitute determines the patient's modes of dealing with his instinctual demands (internal reality) and with the outer reality. This change in object relationship may occur in response to an actual change of the mother's (or mother substitute's) feelings towards the patient or as a result of the patient's interpretation of experiences with this important person which produce this change of feeling in him.

Once this psychosomatic relationship is discontinued it will depend upon the patient's willingness and ability to find a replacement for the lost or given-up object (mother) with whom to resume a similar relationship in order to avoid

a psychotic response. If, however, the disappointment in the mother (or her substitute) was so severe that the patient is unwilling to accept another object, then he will withdraw his libidinal cathexis from the real objects and their representations, a step which ushers in the psychotic break with reality. The character and degree of psychosis which a patient will develop in such a situation depends upon a variety of factors, among which the nature and intensity of the destructive impulses are of paramount importance. The withdrawal of the libido from the real object constitutes in my opinion an attempt on the part of the patient to deal with these destructive impulses, and I would refer to it as the 'psychotic defence', in contrast to the 'psychosomatic defence' which uses repression as its main mechanism in dealing with the destructive impulses. The withdrawn object libido serves to mitigate the destructive impulses, a process which is essential for the preservation of the external objects and of the self. Failure to achieve this most important aim may result in violence against the external objects, but more often against the self, and lead to suicidal attempts, or actual suicide. The link between this overt self-destruction and the 'psychosomatic suicide' is obvious. The psychosomatic suicide occurs in a situation of intense frustration. Frustration leads to an acute increase in the destructive impulses, which have to be repressed abruptly as long as the psychosomatic relationship prevails.

The most desirable outcome of this instinctual conflict would be for the patient to renounce the psychosomatic object relationship and to accept instead a more mature one. Such an outcome is possible only as a result of psycho-analytic treatment which enables the patient to deal more adequately with his psychic and his external reality, through the relationship with the analyst, and to resolve successfully, that is on a conscious level, the struggle between the destructive and the libidinal impulses. In the course of the analysis the patient is helped to experience and consciously to tolerate gradually feelings of anxiety and of guilt. The experience of such feelings of depression in the course of the analysis is indispensable, and relates not only to the awareness of the destructive impulses, but also to the pain of having to relinquish the primary love object—mother—to whom such patients remain fixated on the earliest (oral and anal) levels.

This may be illustrated by an episode from the

analysis of a patient, a middle-aged man with chronic ulcerative colitis. In the course of the analysis he had gradually come to understand the meaning of his somatic symptoms in relation to his wife, whom he unconsciously looked on as a mother. He had always been a 'good boy' who had had bowel trouble since early youth. In this particular psycho-analytic session he reported an incident which had occurred the day before. He had been a little late for dinner and thought that his wife had looked disapprovingly at him. He wasn't sure whether he had apologized enough to her. He worried about it and felt anxious and guilty. He had visions of his wife leaving him. Lately he had been aware of such feelings whenever she left the house. Prior to and earlier in the analysis he used to have cramps and diarrhoea on such occasions, which he had not related to such events, but to all kinds of transgressions, mainly dietary. In this way he had not only protected himself from experiencing painful emotions, but had also managed by getting sick to prevent his wife from leaving him, and thus keeping her.

Let us return now, with this view in mind, to the patient with the ulcers of the leg and the questions we have raised there. The change of the syndrome of ulcerative colitis to ulcers of the leg occurred at the time when the mechanisms of ulcerative colitis had been devaluated through psycho-analytic interpretation, but when the specific relationship between the patient and her mother, underlying the psychosomatic reactions, had not been sufficiently resolved by both partners. Neither mother nor child were ready yet to relinquish this relationship, which under the guise of illness had made possible the gratification of their mutual pre-genital needs.

In this case particularly strong coprophilic and homosexual impulses were being gratified. During one phase the mother and child hallucinated a faecal smell from the ulcers, even when the dressing was changed in my presence, and I could detect neither a smell nor a change in the appearance of the excretions. By scratching and irritating these ulcerations my patient prevented them from healing. Aside from the symbolic meanings of the ulcerations, the mere handling of them had served to gratify unconscious homosexual needs in both the mother and the child. When the ulcers of the leg had healed, but when the part which the unconscious homosexuality played in this symptom had not yet been fully recognized and resolved, the child, who was twelve at the time, developed an acute paranoid

episode. She had the idea that I wanted to poison her (when I offered her a piece of cake), that I was not the real Doctor S., that the real Doctor S. was kept locked up in a room by her mother, and that I was really a man. In defence against her homosexuality, at that time, she displayed exaggerated heterosexual interests, and was preoccupied with fantasies of sexual attacks by men.

Certain behaviour of the patient which preceded the psychotic episode may be of interest. At one time she confessed to the analyst that she had been secretly licking the excretions of her ulcer, and on some occasions had managed to get her dog to do likewise. She had one episode of frank soiling after the interpretation that the secreting ulcer was an unconscious form of soiling for her during that phase. She could understand in the analysis that this behaviour was intended to prove to herself and to the analyst that she was not able to tolerate her impulses consciously without acting them out immediately in reality.

We have to keep in mind that we are dealing here with patients whose anxieties relate to the earliest phases of development, when disappearance of the mother equals losing her through omnipotent destruction by oral and anal sadistic means. The only way for the child to check these powers is to deny their existence, that is, to repress such impulses. Yet the analysis of such a patient has to lead back to these early anxiety situations and to expose, as it were, the psychotic layers of his personality. In this sense any severe disorder which has its origins in earliest childhood would have to be dealt with in the same way. The occurrence of a 'psychotic transference' in the course of the analysis of such patients is nothing unusual. The rôle of the ego, its relative strength or weakness, and the factors responsible for it cannot be discussed here. Yet I cannot refrain from stating that in my experience the relationship of the patient with his analyst is the most potent and reliable factor in the reconstruction or even in the construction of the patient's ego.

The resistance of the psychosomatic patient comes out in different ways during different phases of the analysis. At this advanced phase of the analysis the resistance may come out in the form of an acting-out of impulses such as occurs in the treatment of patients with character-neurosis, especially those referred to as 'impulsive character'.

While my patient had not as yet been able to

tolerate consciously the awareness of her destructive impulses, particularly because they endangered the lives of her mother and herself, there had occurred already some modification of these impulses during the analysis. Her ulcerative colitis had been of a very severe nature, and major surgery, contemplated during one of her hospitalizations, was prevented with difficulty. The analysis of the phase of the ulcers of the leg revealed the predominance of oral and anal-erotic (libidinal) with an admixture of phallic impulses, while in the ulcerative colitis intense oral and anal-sadistic (destructive) impulses had predominated. That is to say that there had already occurred a better fusion between the destructive and the libidinal impulses. The dynamics of the ulcer of the leg and the entire behaviour of the patient now came closer to a conversion hysteria.

It was found that an important factor motivating her behaviour at that time was the change of her mother's attitude towards her. This factor seemed to play an essential part in the production of her psychotic behaviour. Her mother, who had been supporting the analytic endeavours all along, seemed at this crucial point, when the psychosomatic relationship between them was obviously coming to an end, less prepared to do without it than was my patient. I had underestimated the strength of the unconscious homosexual needs of the mother, which had found distorted gratification in this relationship with her child. The mother had discontinued her ministrations to the child upon suggestions of the analyst. The punitive character, however, in which this was done by the mother was brought out later in connection with other behaviour of the mother, which helped me to understand my patient's reactions.

The mother had suddenly developed great interest in one of her nieces, a girl slightly older than my patient, with whom she now spent much of her time. When she was with her niece my patient was not allowed to disturb them or to interrupt their lengthy daily telephone conversations. When my patient one day asked to sleep over at her grandmother's—a step which denoted an attempt to get away from her mother—the mother made difficulties, but finally acceded. Later the mother revealed to me that seeing my patient in bed with the grandmother had upset her greatly. She had seen red before her eyes. She said: 'To think that my child should want

to be so close to anyone else but her mother.' It was inconceivable to her. My patient indicated through her behaviour that she perceived her mother's wish for homosexual submission, in this disguised form, yet at this point she did not respond to it with a recurrence of the ulcer of the leg, as she had done previously.

Her unconscious homosexual conflict prompted her to project homosexual wishes on to the analyst and to interpret the analyst's behaviour as homosexual seduction. When she spoke to me of her paranoid ideas later, it was already with judgement that these were 'crazy' ideas. (This was several weeks later, when her feelings were already changing.) She told me of her idea of the poisoned cake four weeks after the incident had occurred, when she explained to me why she had not accepted the cake from me then. At the time she had appeared very anxious and disturbed, but tried to conceal it from me.

Throughout her treatment her basic relationship with the analyst was one of trust. It could be maintained even during these difficult phases, when her earliest wishes and hostilities relating to her mother appeared in the paranoid elaborations in the transference. This factor, in my opinion, accounts for the difference between psychotic incidents of such patients occurring during psycho-analysis and those occurring during any other form of treatment (or spontaneously). At no time during the analysis did she lose the relationship with the analyst, and therefore she did not develop a true psychosis, but only a 'transference psychosis'.

This psychotic incident of my patient would seem to support the belief held by some workers in the field that psychotic episodes in the course of psycho-analytic treatment of some psychosomatic disorders are a regular occurrence. This has not been my experience. I have since treated several cases of ulcerative colitis and of bronchial asthma, whose psychological reports revealed marked psychotic trends (schizoid-paranoid-depressive) and contraindications to psycho-analysis, without any incident of manifest psychosis. I have had the experience in one case of ulcerative colitis that psycho-analytic treatment protected the patient against a psychotic break which under his circumstances seemed otherwise unavoidable.³

I want to put particular emphasis on this point, because with the steady advance of psychosomatic medicine, more and more diseases are

³ This case will be reported in detail in 'Psycho-analytic Treatment of Ulcerative Colitis versus other forms of Psychotherapy'.

recognized as psychosomatic disorders; and with this, an increasing demand is made upon the medical profession for the treatment of such disorders. Although psycho-analytic viewpoints regarding the nature of psychosomatic illness seem to be generally accepted, psychiatrists are reluctant to use a truly dynamic approach in the actual treatment of such cases. It would seem to me that, aside from the difficulty of acquiring the technical skills necessary for the application of such treatment, a major factor responsible for the reluctance to use psycho-analytic therapy in the treatment of such cases revolves around this phenomenon, namely, the appearance of psychotic episodes following the disappearance of the psychosomatic symptoms in such treatment.

In this connection it seems of interest to me to describe the circumstances which led the mother to react with a brief though severe depression during her child's treatment. At the time when this occurred my patient was thirteen and a half years old and I was seeing her only occasionally, to keep an eye on her as it were, while I had discontinued work with the mother for over a year. The family had moved to a different neighbourhood. The mother, who upon my suggestion had been working during that year and deriving much satisfaction from her work, had been forced by her husband to discontinue working. The marital situation had become manifestly more difficult, and my patient's mother thought she would like to leave her husband. She had always used her daughter's illness as an excuse for staying married. Now that she no longer had this excuse, nor the relationship with her 'sick' daughter which had compensated her for her sexual and personal frustrations, it was painful for her to realize that she was dependent on her husband. It was during this time that my patient developed a strange symptom. She complained of a pain in her leg so severe that she couldn't walk. Since her school was several blocks distant, she had to stay home. She managed to get around the house by crawling. In discussing this behaviour with me she revealed that she was worried about her mother, who was very moody. No telephone had as yet been installed in their new home, a fact which had disproportionately worried my patient when she realized that she feared leaving her mother alone in the house without the possibility of being reached quickly. When I saw the mother she was suffering from a marked depression, yet had not been aware herself of having the suicidal impulses which my patient had unmistakably

sensed. Through her peculiar behaviour she had managed to make herself her mother's body-guard or 'life saver', this time without resorting to manifestly somatic, or, manifestly neurotic symptoms. She did not have a recurrence of the ulcers of the leg, nor did she develop a phobia. At this point she had resolved her (unconscious) conflict whether to leave her mother, which in her unconscious had equalled losing her mother by destroying her, or to cling to her in the illness which meant to preserve her mother by being a dependent and helpless infant. In fact her present behaviour indicated that she had resolved her ambivalent relationship with her mother sufficiently for her not to need to develop a phobia in this situation as the psychological equivalent of the psychosomatic magical union with her mother. There was a valid rational motive involved in her behaviour, namely, that her mother should not be left alone in the house in her condition. In her strange behaviour she carried out the motive of guarding her mother's life by literally preventing herself from 'walking away from her mother'. The meaning and purpose of her behaviour (the pain in the leg) had not been apparent to either my patient or her mother.

The analysis of the paranoid phase of this patient revealed that her paranoid ideas were rooted in unconscious fantasies of a poisonous breast and penis. On the anal level this was expressed in the coprophilic impulses. During a later phase of the analysis she was preoccupied with fantasies of fellatio and cunnilingus. She was extremely sensitive during this time to her brother's thumbsucking, to which she reacted with disproportionate rage.

As a postscript to this case it may be of interest to learn that my patient as an adolescent girl would tell me that she had subtly to push her mother off on many occasions when her mother would want to come into bed with her (as she had done in the past during the patient's illness) and playfully stroke and tickle her body.

SUMMARY

I have used the case of the leg ulcers in an attempt to demonstrate that the early established psychosomatic relationship with the mother was the mainspring for this patient's illnesses, somatic and mental. As a result of this relationship a special mechanism in dealing with the destructive impulses had been adopted by the patient early in life. This mechanism was referred to in the paper as repression of destruc-

tive impulses, yet it would seem to be more closely related to the mechanism of denial. In denial it would seem that the denied impulses are split off from and barred access to the ego. This means that they cannot undergo the modifications which the derivatives of the repressed impulses undergo in neurotic symptom formations. It would seem that only in this way can the ego of such a patient develop and maintain itself in what would appear to be a reality-adjusted manner (non-psychotic).

It was possible through the analysis of the personality underlying the various psychosomatic (ulcerative colitis, ulcers of the leg) and psychological (neurotic, perverse, psychotic) manifestations, to gain an understanding of the dynamics of these manifestations and to resolve them in the course of treatment. (Five years of psycho-analytic treatment and five years of close follow-up.) In the psycho-analytic treatment of this case it was necessary to free the libido from its fixations to the original object (mother) and from its original aims (oral-anal, infantile sexual gratifications from the mother) and to move it forward to the genital phase, the position of the

libido which is a pre-condition for mature functioning. At the same time it was necessary to help the patient gradually to accept and to tolerate her denied impulses consciously. In order to achieve this it was necessary to modify and eventually to resolve the psychosomatic relationship. In the course of this procedure a better fusion of the freed libidinal and destructive impulses could take place, a situation which is important for the sublimation of such impulses. Psycho-analysis initiates, promotes, and brings to a conclusion these complex psychodynamic processes which eventually result, as they have done in this case, in a better solution of the struggle between the destructive and the libidinal impulses, and lead to the establishment of stable, that is, less dependent and less ambivalent object relationships. I do not know of any other treatment which could achieve this.

It is hoped that a better understanding of the genesis and the interrelation of psychosis and psychosomatic illness will relieve anxiety in those who treat these cases and make available the full benefits of psycho-analytic therapy to a greater number of psychosomatic patients.

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NOTES ON MENSTRUATION¹

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In this paper I shall describe some changes in a patient which occurred over three consecutive sexual cycles in the course of her analysis. I shall concentrate mainly on the description of what happened in the analysis during her menstrual periods, though some analytical material elicited between periods will also be given.

My patient was a pleasant woman of 26, a free-lance painter. Both parents and an elder sister were alive, and she was living with them at the time of the analysis. She was unmarried, and the wish to get married was one reason for seeking treatment; other reasons were that she was ill at ease socially, was sexually inhibited, and suffered recurrent periods of depression.

During the war she had her first and only love-affair with a young man to whom she became engaged. He was reported missing in 1943. When she began treatment with me, six years later, she still regarded her fiancé as missing, and not dead. She idealized him and considered that her romance and indeed her whole relationship with him was perfect. He was often recalled as a dashing young man, riding recklessly on his motor-cycle, invulnerable to danger. She also idealized her mother; but her father was considered as utterly bad, contemptible, and violent. This sharp and rigid emotional pattern persisted during the first eight months of analysis. She idealized me and criticized my technique. If she felt critical, I as a person was not to blame: my technique ('cold', frustrating) was held responsible.

Another significant feature in the foreground of her transference relationship was that she saw me without a real body. She used to see me as a ghost-like figure, and on occasions she felt that only my voice was real. I was supposed to lead a half-existence, confined within the four walls of the consulting-room. The patient herself was aware that by perceiving me thus she was equating me with her fiancé. The reason she gave to account for her attitude was that she

had to protect me from the dangers of the external world by keeping me isolated. She responded with great anxiety when I indicated the strong controlling element that was concealed behind her protective urges. But she also began to produce new associations connected with her fear of her fiancé as a dangerous, sexual object. Concurrently, a similar dread appeared in the transference situation when she had the thought that I might assault her sexually if I happened to see her in the street, outside the 'four walls of the consulting-room'.

THE FIRST MENSTRUAL PERIOD

Following the expression of these sexual impulses she brought herself to speak, for the first time, of her menstruation. Her way of introducing the topic was in itself significant. She started one session complaining of what she called her 'washing mania'; by which she meant that at times she felt compelled to do all her accumulated washing at one time. This task was carried out in an obsessional way, for she was unable to stop until she had finished. The previous evening, she told me, her father had invited her to join him and some guests, and she had refused because she was washing.

Her 'washing mania' reminded the patient of her first menstruation, and she revealed the fear, shame, and agonizing pain then experienced. Concurrently, and for the first time in her analysis, she openly criticized her mother for the little understanding and help received from her at that time. Then she said that she was menstruating that day, and added that her menstrual pain could be acute enough to bring her to the point of fainting. Finally, when her refusal to join her father was queried, the patient said that when menstruating she felt repelled by men.

A very depressive mood characterized the next two sessions. The pattern of each was significant. In the first the general theme was

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¹ I have been greatly helped in the analysis of this case by Mrs. Klein's supervision, and I am glad to take this opportunity of expressing my gratitude.

her belief that she could keep nothing inside herself. In the second, a contrary complaint was the main theme: she was in despair because everything and everyone was, as she put it, 'invading her'. On the first day, everything *fell away* from her; she could not think or concentrate, her head was empty, like a 'vacuum'. All knowledge received at the Art School or elsewhere seemed to have been lost. In the mood that characterized the second session she felt, as an artist, at the mercy of countless influences which brought a feeling of complete chaos regarding aesthetic values, and the very unpleasant sensation that her work did not belong to her. She told me of the following episode: she had recently shown her work to a publisher who, after glancing at her portfolio, said, 'I like a couple of the pictures here, but your work varies so much in quality and technique that it is hard to believe it has all been done by the same person.' In fact the patient felt, as she expressed it, 'possessed by a community of artists.'

These emotional patterns accompanying menstruation were interpreted as a re-experiencing of the first menstrual event and its emotional upheavals. The patient felt that my interpretations were of little help. Everything I said to her fell away and could not be assimilated or, conversely, I was influencing her and putting ideas in her head with my words. My interpretations were therefore either useless or dangerous. In either case she felt repelled by them, and I had become the mother who was felt to have shown little understanding and not to have given the required assistance. At a deeper level, her feeling of emptiness following her revealing to me her menstrual difficulties and her bitterly reproachful attitude to her mother was understood as a paranoid reaction for having confided in me—she felt empty because she had given up a secret or, rather, because I had taken it away from her; and conversely, her feeling of being influenced by me stirred deeper phantasies in which I was felt to be an intruder invading her inner world, creating confusion.

The point I wish to single out here is the patient's unconscious belief in the menstrual bleeding as an uncanny event through which she simultaneously lost everything inside her and was invaded from outside. The massive nature of the loss and invasion was accompanied by a blurring of the ego boundaries. The patient felt she was menstruating with her whole body.

THE SECOND MENSTRUAL PERIOD

The analysis of some of the main phantasies that were so acutely expressed during her menstruation went on during the following weeks. The notion that her work possessed no artistic individuality led to depressive self-reproaches that she was a fake and a failure as an artist. These feelings were also expressed in other connections, especially in her so far unshaken belief in her devotion towards her fiancé. She could not bear the idea of having been a failure in that regard too and showed great anxiety when I interpreted her contention that her fiancé was missing and not dead as meaning that he was 'reported missing' within herself as well. When her next menstrual period arrived she was still working through the same anxieties after having been, for the first time, consistently depressed for a long period.

The night her period began she was awake and restless for a long time before sleep brought the following dream. She was at a big party where all the interesting people, couple by couple, began to fight duels. Gradually the number of duellists increased. It was a fascinating spectacle to watch. People at first fenced in the house, but then the fighting spread beyond, into the fields, in the twilight. The patient throughout admired the skill and daring shown by the duellists, but she was too frightened to take an active part. Instead, she joined a very small, dull group of people who were talking business. In fact, they were so dull that she decided to go home. From this point the dream took on a frankly sinister character. On her way home the skin and flesh of her mouth began to grow. The flesh bulged out between her upper and lower jaws until she could not close her mouth. She felt as if she were choking, and began biting and chewing big lumps of flesh, some of which she swallowed; the rest fell on the ground. Finally she reached home and looked at herself in a mirror: the skin of her cheeks was thin and there was a hole in one part. The dream then faded out.

First among her associations was the recollection of a party she had recently attended where she had met a man who reminded her of me. This man (Mr. X) took an interest in her at first, and this made her feel pleased and excited, but uneasy. A bitter disappointment followed when Mr. X spent the rest of the evening with another woman. The patient blamed herself for being so serious that she made men run away from her as if she were 'poison'. She

complained of not being able to let herself go at parties; she always remained a kind of detached observer, witnessing everything, as she put it, in the 'cold light of reality'.

The duellists in the dream reminded her of some frightful quarrels between her parents and, in particular, of one episode in her childhood when she witnessed her father threatening her mother with a razor-blade.² Finally, although the patient was more interested than usual in this dream, and associated freely, she showed a strong disinclination to deal with that part of the dream where the flesh of her mouth began to grow. She repeated several times that that part was uncanny and said she felt 'in a muddle'.

In the course of the analysis we came back to this dream on several occasions. One important aspect of the dream was the shifting of moods—the admiration she felt for the skill and daring of the duellists changing little by little into a feeling of apprehension, then to boredom, and finally becoming positively uncanny. I pointed out to the patient that the duellists, her fighting parents, and Mr. X had in common the characteristic of being fully alive, and either exciting or dangerous. These features were in sharp contrast to the picture she maintained of me for a long period of her analysis as a ghost-like, half-alive creature. To keep me—and her fiancé—as a ghost meant to take away my sexuality and thus to prevent me from invading her as she felt I had done during the preceding menstrual period. The duellists in the dream expressed the many facets of her feelings about sexual intercourse, especially the combination of attraction and repulsion, love and hate. One reason for its being felt as hateful was conveyed in her association with Mr. X's abandonment of her. She was the deserted child witnessing parental intercourse, full of poisonous feelings stirred up in her by frustration—witnessing it, in her own words, in 'the cold light of reality'. This I took to mean seeing reality with no warm feelings of love, but only with death wishes for the parental couple.

Her association about 'poison' was the first specific reference to the menstrual event underlying the dream. Menstruation seemed to be equated with the notion of poisonous substances

being contained in her body (cf. her washing mania), and thus the repulsion she felt for men when she was menstruating covered the deeper anxiety that men were repelled by her. Her reference to poison was also understood in connection with her oral and anal trends, but unfortunately I cannot dwell on the many threads of her phantasies which involved the participation of nearly all the erotogenic zones. This in itself I believe to be significant; with her as well as with other female patients I have felt that the very richness of the material presented during their menstrual periods prevented me from dealing with it thoroughly. This aspect of the material was understood as a living out of the phantasy of flooding the object with menstrual blood.³

The first part of the dream pictures an external situation: parental intercourse was witnessed and her hate projected into it, thus as the dream progressed it became more sadistic. In the second part of the dream parental intercourse became internalized and took place in her mouth, the internalization bringing about mutilation ('*expérience de l'horrible*') and arousing acute anxiety. The mutilation of her mouth and the primal scene imagery evoked was related to the menstruation that was about to start (or had already started) when the dream occurred. Menstruation was unconsciously experienced as a mutilating, sadistic intercourse that took place inside her.

As in the case of the preceding menstrual period, the elements of confusion and loss of ego-boundaries were again present. The teeth and flesh in the dream stood simultaneously for the two parents destroying one another as well as for herself destroying both parents: in fact, no line could be drawn between herself and the objects. The patient herself hinted at the opposing dangers represented by the growth of flesh in the mouth. If the biting were carried to its conclusion she would finish by eating herself up; but if she did not bite and spit out, the neoplasm would finish by smothering and bursting her whole body. During the preceding menstrual period the bleeding had been experienced in a similar way, for the patient had then felt that she was losing everything, and that every-

² This incident had been related a short time before in connection with some sexual recollections of her childhood, and it had been considered at the time to be a prototype of her primal scene phantasies. She had had plenty of opportunity to witness parental intercourse, for she had shared a room with her parents up to her ninth year.

³ Also, the fact that the clinical material quite often roused an interest in me that was left partially unfulfilled would confirm Michael Balint's suggestion of the ambivalent attitude of seduction and frustration shown by women at their menses. (See Balint, M., 'A Contribution to the Psychology of Menstruation,' *Psychoanal. Quart.*, 6, 1937.)

thing and everyone was invading her. During the present period, however, there was a change: although the phantasies of loss and invasion had gained in dramatic expression, the biting and the growing reached a standstill. From that point of view the patient was not only biting but re-shaping her mouth. With this compromise the previous phantasy of her whole body menstruating was modified; menstruation now was confined to her mouth.

Further associations indicated that the forceful re-entry of the sexual parents felt as destroyed by her oral-sadistic impulses was at the root of her menstrual anxieties. At the same time the dream showed that sexual intercourse was felt to be destructive because the patient not only projected her poisonous hate (faeces) into it, but her sadistic self as well. As a result of this projective identification a part of herself was lost and she became (at the end of the first part of the dream) dull and asexual.⁴

There was a distinct improvement in her condition after this material had been worked through. For the first time she was able to face the fact that her fiancé was dead. Her emotional change was reflected in a dream she had a week after the dream about the duel. In this dream she saw exotic flowers of great beauty growing wildly among rubbish in her roof garden. She was amazed to find that such beautiful flowers could grow in spite of lack of care. Here her associations, including a reference to manure, led me to interpret that the roof garden stood for her inside, here represented as untidy but fertile. There was a growing belief that her inside might be safe, that she not only contained poisonous faeces and that she could feed her good object precisely because she no longer felt compelled to control it so much. The patient confirmed my interpretations by saying that she now no longer insisted on believing that her fiancé was only missing, and that by admitting his death she actually felt him to be much more alive in her memory.

At the same time a new aspect of her relation to her father came to the fore. He was now described as ill-tempered but witty, kind, and, as she herself put it, 'the only one in my family capable of showing real feelings'.

This relaxation of her control over her internal objects, however, roused new anxieties. She recalled that at the age of seven she planted something in her window-box which later turned

out to be a weed. She did not mind this outcome at all, thrilled as she was by the amazing weed which sprouted a long stalk and looked so robust. The whole family became very fond of it and called it simply the 'Weed', with a capital letter. When they moved to another flat they took the Weed along with them; this time it was placed in a larger box and grew much bigger. It grew so big, in fact, that it became a menace to the other plants, and there was no choice but to destroy it. However, it proved impossible to get rid of it entirely; because of its roots, its offspring kept popping up again and again.

This memory was reported about halfway through the inter-menstrual period. Nevertheless, the contents of this recollection bore a striking resemblance to the theme of her associations during the previous menstrual period. In the life history of the Weed we find a counterpart to the duellists: first bold and admired, then dangerous and feared. Besides, both suffered the same fate. In the same way that the growth of the mouth ended in mutilation, the amazing but cancer-like growth of the Weed called for its destruction. But here the immortality secured by offshoots of the Weed represented a more optimistic type of compromise than the one hitherto pictured.

At the same time, there was a shift from mainly persecutory to mainly depressive anxiety. In the oral mutilation the leading anxiety had been a persecutory one, the destruction of her own body. Depressive anxiety appeared with the Weed-theme, in the threat to the fragile flowers in the box. If the Weed stood for the fiancé, it was clear what this ideal object meant to her in phantasy; it had the power to dominate her whole life, its very strength suffocated to the point of extinction all her other interests and drives.

Her way of dealing with the danger of 'fascination' by this single object had been to split it into many; but this also led to a splitting of her own self, with a consequent experience of loss of individuality creating the feeling of utter emptiness and dullness already described. The community of artists, within herself, who forced her *in reality* to paint in different styles is one example. But here I should like to give another brief example which at the same time indicates another change in her feelings.

Two days after the session in which she recalled the episode of the weed, the patient

⁴ See Melanie Klein's paper: 'Notes on Some Schizoid Mechanisms', *Int. J. Psycho-Anal.*, 27, 1946.

recounted the following dream: she went into a room and found her father joking and laughing in the company of twenty Negroes. He was on such friendly terms with them that she thought those Negroes were his relatives. She was nevertheless surprised, since her father was in reality a notorious Negro-hater; but, on closer inspection, she saw that his face was distorted with anger. She then realized that he was being forced to pretend friendliness because he was outnumbered by the Negroes.

'It serves him right'—that was the moral of the dream according to the patient. In so far as in the dream her father stood for herself, she was forced to behave and to *be like* those traits and parts of herself that she had disowned and put into her objects. Thus a reversal of the projective identification was brought about. At the same time, the crop of outnumbering Negroes as internal objects was but another version of the crop of choking weeds.

When we understood that the Weed basically represented her own greed projected into another object, we could then make more headway with the analysis. Side by side with this, an important change took place in her external life. She met a young man for whom, for the first time since the loss of her fiancé, she experienced some feelings of love. This romance was in its very first stages when the patient entered the third menstrual period.

THE THIRD MENSTRUAL PERIOD

On a Monday she told me that she had had an eventful week-end; she had been to two parties, and her menstruation had appeared on the Sunday. She felt exhausted. Her account of that Sunday ran as follows: She met two young men at the Open Air Exhibition, and liked them because both had motor-cycles—those being the symbol of her dead fiancé. The young men gave her a ride. After the excitement of motor-cycling she felt extremely tired and decided to go home. When she was about to leave, she saw another couple of motor-cycles in a nearby parking space. With them she saw the young man, whom she liked, talking to a friend. They were discussing motor-cycles, and the patient joined in the conversation. Her friend spoke of the wonderful sensation one got when riding a motor-cycle. 'You just fly at an effortless speed.' The patient felt elated by this description and said that she knew exactly what they felt. At this stage she told me that it was an extraordinary coincidence to meet 'such a crop

of young men riding motor-cycles', and added that that might be one of the reasons for her feeling so exhausted. But that very exhaustion proved very helpful when she spent the rest of that day with the man she liked. Hitherto she had always felt socially awkward, but that evening she was so tired that she had no energy left to worry, or to be shy or self-conscious. She could freely enjoy the time they spent together. In fact, she considered that day to be a turning-point in her life. Her relationship with the young man became a steady one, and three months later she married him.

The menstruation accompanying the events of that Sunday had been painless for the first time. Her motor-cycling experiences accompanying menstruation, while similar to her associations about previous menstruation in that the motor-cyclists retained the dashing qualities of the duellists and the Weed, nevertheless differed in one important respect. The motor-cyclists were not dangerous objects who would outnumber or choke her. The Negroes, for instance, had forced her father to behave like a motor-cyclist. The emphasis in her account of that Sunday fell on her sympathy with the man, based on her assuming a feminine receptive position. Riding on the motor-cycle could thus be interpreted as a symbolic expression of her readiness to have sexual intercourse with the man she loved. Her exhaustion had a strong feminine component. It was a pleasurable experience. When I asked her what her exhaustion had felt like, she said it had been a wonderful feeling of relaxation, as if her body were empty and light. This sensation of relaxed emptiness was the very opposite in feeling to the 'vacuum' state experienced in the first menstruation described here. It is very significant that whilst on that occasion she could not join her father because she was menstruating, now she enjoyed the company of a man because she was menstruating.

SUMMARY AND CONCLUSIONS

I have tried to show the continuity in a series of phantasies over three menstrual cycles. The main feature in this sequence was that the patient's anxiety, of a persecutory nature at first, diminished and became mainly depressive in quality. With the lessening of anxiety, the patient's symptoms of pain in menstruation disappeared, and she was able to allow herself to fall in love. During the first menstrual period

the patient felt herself to be permeated by a to and fro movement of shapeless objects which appeared as vague outlines, and which she described as 'someone', 'everyone', 'anything', etc.⁵ She felt herself split into a community of 'someones', whilst I was perceived as the double of the shapeless internal objects. Persecution was experienced during the second menstrual period, by a host of controlling and controlled objects. These objects—the duellists—had human characteristics. At the same time a less drastic control and an increasing concern for the good object could be observed in that a much earlier phantasy about a weed changed to a greater interest in good flowers. The third menstrual period ushered in an object-relationship characterized by a loving attitude and a sharing of experiences with an object while remaining at the same time comparatively free and independent of it.

Understanding of the changes in this patient is facilitated if we consider the process of assimilation described by Paula Heimann in her paper on sublimation.⁶ She suggests that the true capacity to sublimate entails a relationship with internal objects which are not overwhelmingly persecutory or idealized; for in either of these cases the work of sublimation carried out by the ego is primarily done out of fear—fear of the directly persecuting or intolerably exacting objects. Creating under these conditions is not a spontaneous and personal endeavour, but takes the form of a placatory or propitiatory act towards an object felt to be an alien to the self (an unassimilated object). In the present material it was seen that the patient had a relationship with idealized or persecutory objects. At one stage particularly they had a special characteristic: that of *fascination*. The duellists, the Weed, and the Negroes were examples of fascinating internal objects that made her feel at their mercy. During the last menstrual period, however, the patient was in sympathy with her object while not feeling spellbound or threatened by its power. This capacity for sympathy with an object—a feeling of oneness with it, in which she still retained her own free self—can be seen as the result of an internal relation with an assimilated object. This assimilation was possible only when the

patient realized to what extent she had put her own impulses into her objects.

If the fact that the patient could have a good relationship with a man *because* she was menstruating is borne in mind, it follows that this event was a helpful experience. It was so, I think, because with the assimilation of the good object a certain balance in the mechanisms of introjection and projection was reached, in the sense that she achieved the unconscious belief that the bad object had been ejected whilst the good object remained in a safe inner world. By the third menstrual period described the patient felt that her inside, as a result of the genital bleeding, was empty, clean, and safe, ready to carry her future children. On this occasion she took a predominantly feminine rôle. Concurrently with this gain in femininity, with the diminution particularly of her persecutory anxiety and the lessening of control over her internal objects, her libido, which till then had remained fixated to the lost object, could now be transferred to a new object. Her new choice was significant because in the new man she now loved she had been able to retain some of the admired qualities of her lost sweetheart, viz. his interest in motor-cycling. This improvement although not fully maintained was significant. It must be assessed in relation to the fact that the patient later showed a good adjustment in her marriage and had a greater capacity for happiness.

I think it worth while pointing out that menstruation can be experienced as good and helpful, because in the analytical literature the positive aspect of menstruation has been considerably neglected. Most writers dealing with this topic have over-emphasized the traumatic aspect of menstruation, considering it almost exclusively as a revival of the female castration complex, as a cyclic abortion, as something dirty equated with faeces, etc. These are widespread anxiety situations to be found in the analysis of every woman, but I believe that a better perspective is gained if the constructive aspects of menstruation are contemplated as well. It is important to consider, as Melanie Klein has pointed out, that 'menstruation can also be experienced as positive in so far as it indicates fertility',⁶ or as Helene Deutsch has

⁵ 'A Contribution to the Problem of Sublimation and its Relation to the Problem of Internalization', *Int. J. Psycho-Anal.*, 23, 1942.

⁶ In a recent book dealing with female psychology, Dr. Marie Langer holds the same view. 'Each men-

struation signifies, it is true, the loss of a hope of becoming a mother, but, at the same time, it symbolizes the youth and fecundity for the woman, her capacity for continuous regeneration, and a promise of future maternity.' *Maternidad y Sexo*, 1951, p. 165.

stated, 'menstruation becomes a decisive experience in this process of feminization'.

Finally, I should like to deal briefly with the feeling of 'uncanniness' that so often accompanies menstruation. Practically all papers on this subject refer to the taboos, superstitions, and prohibitions, old and new, that have gathered round the menstruating woman. The work of C. D. Daly in particular has given us a wealth of valuable information, drawn from literary and anthropological data.⁷ Several explanations have been put forward to account for the widespread horror and the creation of taboos that this biological phenomenon evokes. C. D. Daly considers menstruation as 'the most virulent of all the taboos . . .' and ultimately traces its 'virulence' to the repressed early incestuous drives of the boy to his mother.⁸ Another basis for this reaction is to be found in the castration anxiety which the genital bleeding stirs in the boy (and in the group).

We may also consider the way in which menstruation can be felt subjectively as uncanny by the menstruating woman herself. Leaving aside the importance of the time factor in this cyclic phenomenon, and the rôle it might have in producing the uncanny response to menstruation (for instance, in creating the suspense or expectation that something is about to happen), I have observed in this and in other female patients that the sinister feeling was related to an underlying state of confusion. It may be, therefore, that consideration of the earlier infantile persecutory and depressive phantasies may help to clarify the problem of the attitude of women towards menstruation. The problem is posed by Helene Deutsch when she states that it is not yet clear 'why so many women suffer menstrual depression before the menstrual

period', adding that they forget from month to month that their periodic depression is caused by the approach of the menses and breathe relief when the onset of menstruation supplies a rational explanation of this depression (*op. cit.*, p. 174). This forgetting the periodic nature of the depression might be due to the anxiety stirred up by the relatively fixed menstrual timing, provoking in the woman the feeling that the inside of the body is controlled by alien, powerful forces, following an immutable temporal law.

The findings of Melanie Klein⁹ regarding the sexual development of the girl suggest that a direct Oedipus complex alternates with an inverted Oedipus complex from early infancy onwards. Vaginal sensations associated with phantasies of a typically feminine receptive nature frequently accompany the young girl's heterosexual impulses. It follows from her views that when the first menstruation occurs in puberty, this event, important though it is, does not bring in its train a new, *specifically* genital conflict. Its deeper meaning has to be understood in the light of the phantasies and anxiety situations pertaining to the early stages of the Oedipus complex in the girl. Thus in the first two menstrual periods here described the idea of the uncanny appeared. The analysis of the anxiety-situations revealed that the patient felt that she was either invaded by or lost in an object, and she was unable in either case to draw a line between herself and the bad (fascinating, persecutory) object. This inner confusion, entailing a notion of unreality, must play a rôle in the 'secret and mysterious fears' that menstruation so often arouses.

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⁷ 'Der Menstruationskomplex', *Imago*, 14, 1928, and 'The Menstruation Complex in Literature', *Psychoanal. Quart.*, 4, 1935.

⁸ 'The Psycho-Biological Origins of Circumcision', *Int. J. Psycho-Anal.*, 31, 1950, p. 230.

⁹ *The Psychoanalysis of Children* (1932).

CLINICAL AND THEORETICAL OBSERVATIONS ON MALE HOMOSEXUALITY

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Any consideration of problems relating to male homosexuality is limited by a number of factors. Among them are the unknown importance of organic influences (constitutional, hormonal) in the causation of the condition, the different forms of homosexual behaviour, and the alteration of behaviour in the same individual. Psycho-analytic investigation of homosexual patients has shown how much can be achieved if the organic factor, while being given adequate recognition, is left temporarily on one side. Freud, Sadger, Ferenczi and others have clarified the principal psychological mechanisms operative in this perversion. Nunberg (17) in reviewing these psychological factors wrote: '... mother-fixation, identification with the mother, the tendency to a narcissistic type of object choice (including herewith the overvaluation of the male genital), and fear of the father or, in other words, castration anxiety. Finally, and perhaps most fundamentally, homosexuality is favoured by a passive-anal attitude towards the love object.'

Freud (11) has emphasized that there is nothing specific about such psychological influences. He has pointed out (9) that 'there is nothing to be gained, however, by separating the most extreme types of inversion from the rest on the basis of constitutional peculiarities of that kind. What we find as an apparently sufficient explanation of these types can be equally shown to be present, though less strongly, in the constitution of transitional types and of those whose manifest attitude is normal.' Indeed when certain patients suffering from impotence and ejaculatio praecox are subjected to psycho-analytic study it is difficult to understand what constitutional, psychological, and environmental forces prevented them from developing into overt homosexuals. A comparison of such non-homosexual patients with those complaining of homosexual tendencies may help to a further elucidation of some of the psychological problems associated with

homosexuality. While the aim of this work is to present some clinical and theoretical observations on male homosexuality, the author feels that it would be premature to use such material to support any new conclusion regarding the nature or aetiology of the condition. Clinical data and tentative theoretical speculation have a right to presentation without the construction of fresh hypotheses. Two sets of patients—three suffering primarily from inhibitions of genital potency and three from overt homosexuality—comprise the clinical material of this report. The ages of the patients range from 22 to 39. They were under treatment for periods extending from seven months to over two years. Only one patient had less than one year of analysis. No further details of the patients' histories will be given now. In the text the non-homosexual patients will be designated A, B, and C, and the homosexual patients X, Y, and Z.

THE CONFLICT OVER PASSIVE SEXUAL AIMS

The three homosexual patients to be described here are representative of that group of homosexuals in which is found a preoccupation with masculinity. Such patients behave in an essentially masculine way and have no desire to appear effeminate or act in a feminine way. Ferenczi (7) has designated these individuals 'object homo-erotics'. 'Such a patient feels himself a man in every respect, is as a rule very energetic and active, and there is nothing effeminate to be discovered in his bodily or mental organization. The object of his inclination alone is exchanged. . . . Patients like Mr. X cut across the clear-cut division which Ferenczi made between the object homo-erotic and the subject homo-erotic. At the time of his analysis Mr. X could have been accurately described as an object homo-erotic, yet several years previously he had behaved very effeminately, fulfilling the description given by Ferenczi of the subject homo-erotic individual. Such

patients raise the question of the essential nature of the masculinity of the object homosexual and how far the sexual behaviour may be regarded as an expression of masculine tendencies. A pride in masculinity is to be found equally pronounced among patients whose genital sexuality is impaired.

Psycho-analysis has demonstrated that the sexual drives have both active and passive aims. Nunberg (19), on the basis of numerous observations, has concluded that femininity in a man must be represented by the passive aims of his sexual instincts, and he holds that feelings of femininity in both sexes have their origin in anal sensations. This view is in accord with Freud's (10) statement: 'The passive trend is fed from anal erotism, the erotogenic zone of which corresponds with the old, undifferentiated cloaca. Accentuation of anal erotism at the stage of pre-genital organization gives rise in a man to a marked predisposition to homosexuality, when the next stage of the sexual function, that of genital primacy, is reached.'

Homosexual patients frequently try to hide their sexual aberration by pretending that they have the normal heterosexual interests. This often leads to embarrassing and frightening situations. Mr. Y related several incidents when he had been faced by an amorous girl friend. His concern to get away without hurting the girl's feelings was always a problem on such occasions. Behind this concern lay considerable anxiety regarding the woman's sexual interest in his body. The idea that a woman might be interested in or want to touch the male genitalia was a repugnant thought. Although in somewhat less degree, many non-homosexual patients show a very similar distaste for sexual activity on the part of their female partner. Mr. A disclosed that he was ill at ease whenever his wife attempted to touch his penis or for that matter any part of his body in proximity to the genitals. Mr. B was aware of a desire to take the passive rôle in sexual relations but was afraid to do so. Mr. C stated that for a man to be passive in sexual activity was unnatural. As the analyses proceeded the underlying wish for passive pleasure became more obvious. Mr. A reported that he had been sexually excited when reading in the newspaper of a boy who had been seduced by a woman. In spite of this and similar thoughts he was unable to accept the possibility of a conflict within himself regarding sexual passivity. When Mr. B had freely ventilated his fear of giving way to his passive wishes he

announced that he had the strongest desire for his girl friend to caress his perineal region, but to give way to such a wish would betray his effeminacy. Mr. C did not like his wife to touch his genitalia. On one occasion when his wife took the initiative and adopted the upper position in coitus he was sufficiently upset to avoid intercourse for some time. As with Mr. B, he was afraid that such passive behaviour might be interpreted as effeminate. In each case a fear of effeminacy obstructed the passive sexual wishes from reaching expression.

Concurrent with the discussion of these passivity problems the non-homosexual patients showed the presence of considerable anal interests. Analysis represented defaecation. The treatment was likened to a cesspit in which were deposited 'dirty', unclean thoughts. Words and faeces were equated. The most striking example was afforded by Mr. C. In this instance not only were words treated in the same way as faeces but they were equivalent to semen also. The patient had complained of an inability to remember his dreams. To compensate for this he had taken to writing them down in the middle of the night and bringing the notes to the interviews. At this time he complained of a precipitate defaecation in addition to his symptom of ejaculatio praecox. He reported that when love-making or when the desire to defaecate appeared he was afraid to move for fear of ejaculating in the one instance or soiling himself in the other. One day while talking of his difficulty of writing down dreams in the middle of the night with the aid of a torch, it transpired that he kept paper and pencil under his pillow. The reason for this was not a dislike of getting out of bed but a fear that if he moved the dream would disappear. The movement of his body would result in the loss of his dreams just as he feared he would lose semen or faeces.

Mr. B showed by his behaviour and use of words that he wished to control the analysis just as he attempted to control his faeces in early childhood. His chief love objects, his girl friend and his mother, were identified with faeces. He constantly tried to control them and when he failed to do so he was depressed. Mr. B was a chronic sufferer from constipation and haemorrhoids. Mr. C's transference behaviour was a repetition of a pattern of alternating compliance and rebellion. When in the former state he brought, as mentioned above, an abundance of notes dealing with dreams and daily thoughts, but when in the latter state he was silent and

disgruntled. This behaviour was identical not only with the way in which he produced faeces in infancy but also with his attitude towards his mother in boyhood. He was either over-conscientious and submissive or rebellious and negativistic. With both Mr. B and Mr. C talking had the further significance of urination.

The transference manifestations referred to above are now understood as an aspect of the pre-oedipal phase (3, 15). The recovery of memories revealed that the patients' mothers had been over-concerned with the bowels. This anxious concern was reflected in a habit of Mr. B. After passing a stool he compulsively had to look at it and make a mental note of its size and consistency. Mr. C clearly recalled being given laxatives and only later in the analysis was proof forthcoming of the administration of enemas in his second and third years.

Of the three homosexual patients Mr. X exhibited the most pronounced anal erotism. As a small child he had been regularly treated for constipation by the insertion of pieces of soap into the anus. This had eventually become a source of libidinal pleasure. He was a very silent patient and gave up his words reluctantly as he had his faeces in childhood. Mr. Y had little conscious awareness of his anal erotism (in contrast to Mr. X) apart from a complaint of constipation and haemorrhoids. As a child his sexual theories were set against a background of anality. He believed that men and women differed not on the basis of anatomy but because of difference in the excretory functions. His belief was that while men passed both liquid and solid excreta women passed only liquid. In early latency he and his brother were interested in the intestinal gases and they distinguished a 'brown' and a 'green' smell. Reaction formation was a well defined trait, and he exhibited all the characteristics of the anal character.

Every patient, both homosexual and non-homosexual, suffered from severe constipation in childhood. As will be mentioned later, the analyses of Mr. C, Mr. X and Mr. Z revealed most strikingly how reluctant they were to part with their faeces. This reluctance and obstinacy was due to anxiety. The dread of having their faeces removed without their consent, e.g. by enemas as in the cases of Mr. C and Mr. X, had had extensive psychical repercussions. Such effects were reflected in the powerful defence which these patients had instituted against the distress caused by separation from loved ones

in early childhood. In the treatment situation both patients reacted initially with a denial of the separation trauma at holiday breaks, and only later did the underlying depression and anxiety appear. As in the case of Mr. B faeces were identified with love objects. E. Sterba (20) has described a child of two and a half years old who suffered from psychogenic constipation. The child not only tried to control his love objects as he controlled his faeces, but he also regarded the forcible removal of his faeces as a castration. Fear of loss of faeces has been recognized as a pre-genital forerunner of castration anxiety (Freud, 14). The equation faeces = penis = love object was valid for all patients and in respect of fear of loss of either faeces, penis, or love object the non-homosexual patients were no less disturbed than the homosexual patients.

Unconscious feminine identifications were equally marked in both groups of patients. These identifications were with the mothers and other female figures, both child and adult. Mr. B had the habit of speaking to his girl friend in the same solicitous manner as his mother had spoken to him. On the night before his mother's birthday Mr. Y dreamt that it was his own birthday. This patient was given to dreaming of princesses, and it was some time before it was discovered that he was the princess. In boyhood he called himself the Cinderella of the family. His dreams, like the fairy tale, changed the unhappy situation. Mr. C had a dream of 'a little girl with a shawl round her head'. This reminded him of his early childhood when, during asthmatic attacks, his mother put a shawl round his head and back. Many other instances could be cited (e.g. Mr. X suffered from severe backache when a girl friend was ill with pyelitis) to indicate that unconscious feminine identifications were no more outstanding in one set of patients than in the other. The nature and extent of the patients' reactions to their unconscious feminine trends will be discussed later.

Important information was obtained from the patients' behaviour in the psycho-analytical situation. Mr. A found it difficult to relax on the couch. Usually he lay with one leg over the side with his foot on the ground. This, as subsequent events confirmed, was due to an unconscious fear of being sexually assaulted during the interview. He recalled that as an adolescent he had entertained ideas of entering a monastic order. He was friendly with two

clergymen and they were in the habit of discussing sexual topics with him. During one such discussion one of the clergymen embraced him and gave him a kiss. He was alarmed by this behaviour and had to restrain himself from hitting out. He had noted identical feelings while lying on the couch. He felt tense and only with difficulty remained in the room. The interpretation of his transference fears led to memories of boyhood and adolescence. He remembered being sexually aroused when watching another boy urinate. As a young man he was excited while helping a friend into a theatrical costume.

Mr. B had similar unconscious conflicts regarding sexual passivity in relationship to men. Early in the analysis he had the following dream. 'He is in a barn; there are two doorways, one in front and one at the back; he is standing at a workbench: suddenly he feels afraid, as if someone has come in and is going to attack him from behind.' This fear of attack by the analyst was followed by childhood memories in which he recalled always feeling more secure if he slept on his back. At the age of 12 a friend of his father's frightened him one evening by placing his hand on his (the patient's) abdomen as he lay in bed. This patient did not repress his passivity trends but projected them on to his girl friend. She, in his opinion, was always wanting other men. Whenever she had to go away for some days he displaced the projected transference wishes on to his landlady. He had the phantasy that she wanted to have coitus with him. In Mr. B's case, and possibly with Mr. A also, gratification of unconscious passive sexual wishes implied an anal attack.

Certain features of the transference reactions could be traced, both in Mr. B and Mr. C, to anal games which they had with older brothers in childhood. These games had fixed the fear of sexual passivity (in relation to men) more firmly in their minds. In both instances the patients had been overwhelmed by the stronger brother and these struggles had caused anxiety. Mr. C, like Mr. A, found it almost impossible to relax during the interviews and for a long time he often felt like walking out. He had a need to be constantly on the alert. He was equally afraid of an anal attack, as the following dream illustrates. 'A bull is holding him down on the ground and preparing to have intercourse with him; he manages to fight it off.' As a small child his father had held him down while his mother inserted the enema syringe into his

anus. He had the greatest difficulty in discerning the connection between his uneasiness in the analytical situation, with certain types of men, and his unconscious fears of homosexual passivity. This attitude was strengthened by an equally strong unconscious fear of oral assault. In the treatment situation he bitterly resented having to 'swallow' any kind of rubbish. He distrusted what he was told and felt opposed to it. After a long period of intense resistance he said that there was a similarity between his feelings about interpretations and his father's efforts to get him to take castor oil for constipation. Usually his father had to force the castor oil down his throat after a fierce struggle. In both situations he felt that he was being cajoled and tricked into accepting something which would be unpleasant. In an ensuing interview he smelt 'Gregory's Powder', one of the purgatives he used to be given. This example illustrates the patient's equation of words and dangerous liquids. One of the homosexual patients, Mr. X, entertained very similar ideas of oral attack and contamination which led to an equal difficulty in accepting interpretations.

The three non-homosexual patients were preoccupied with conflicts regarding passive sexual aims both with regard to men and women. The former conflicts were warded off by repression and other defence mechanisms such as projection. The latter were not opposed so strongly. Brunswick (3) and Lampl-de Groot (15) have demonstrated that all passive libidinal drives originate in the pre-oedipal mother-relationship. Not only did the patients participate in a passive-anal relationship with the mother, but other erotogenic zones were stimulated by the mother's activity. Mr. B recalled how his mother used to fondle and tickle him when he was quite small. This wish for passive pleasure was continued in his sexual relations with his girl friend, as has been mentioned above. With both Mr. A and Mr. C the penis had been subjected to considerable stimulation in the third and fourth years. In the former this was due to an infection of the glans and in the latter to a tight foreskin which had to be constantly retracted. They were unconscious of the wish for passive satisfactions, but the repressed impulse expressed itself in the insistence of both men that their wives should manipulate the penis to ensure an adequate erection. They maintained that they had no pleasure out of this manoeuvre which was only done to permit an attempt at coitus. Abraham (1) has referred to this un-

conscious desire to have the penis handled by a woman (the mother) in patients suffering from ejaculatio praecox. Passive conflicts regarding men are but a continuation and displacement of the same problems originating in the mother relationship. For example, Mr. A was horrified to recall that in boyhood he had not objected to other boys trying to grasp his penis in rough and tumble games. Homosexual patients, e.g. Mr. X, repeated in anal coitus the libidinal satisfaction achieved when soap was inserted into the anus in childhood by his foster mother.

The preference for passive libidinal aims leads to a danger situation when the phallic stage of development is reached. Freud has described on many occasions why passive sexual wishes directed towards men must be avoided. He states (13) '... under the threat to the boy's masculinity by castration, his inclination becomes strengthened to deflect in the direction of femininity, to put himself instead in his mother's place and take over her rôle as object of his father's love. But the fear of castration makes this solution impossible as well. The boy understands that he must also submit to castration if he wants to be loved by his father as a woman.' The three non-homosexual patients had similar unconscious phantasies of a sexually aggressive father (details of this material will be given later). Phantasies of sadistic coitus were abundant—for example, Mr. A used to wonder, in childhood, if the stallion injured the mare with his hooves during coitus.

The homosexual patients were equally concerned with unconscious conflicts regarding passive sexual aims. Mr. X was afraid of being attacked from the back. This fear was expressed in different forms in the transference. One variant of this phantasy was an attack against his genitals when he was not looking. As an adolescent he had a fear that at night, while asleep, a mouse might enter his anus. He was upset and frightened whenever he saw or heard of anyone who had suffered a bodily injury. This fear of injury extended to homosexual activities. His conscious conflicts regarding homosexuality and his neurosis had started when he developed an anal discharge. He believed then that he had injured himself as a result of his sexual experiences which at that time took the form of coitus *per anum*. Nunberg (17) reported that his patient '... although extremely excitable in the anal region for a long time (he) did not contemplate passively surrendering himself because his fear of injury to

the anus was even greater than his fear of injury to the genital'. It is difficult to understand why Mr. X, in spite of his fears of bodily injury, was able to indulge in anal coitus in the passive rôle. A. Freud (8) believes that such passivity may hide an underlying masculinity which for the time being cannot find expression. The virility of the homosexual partner represents this lost masculinity. The homosexual act may, as Nunberg (17) suggests, represent a means of appropriating the partner's masculinity and simultaneously procuring his castration. While the homosexual patients were free from conscious desires to indulge in anal coitus at the time of treatment it is more than likely that the above-mentioned hypotheses explain the unconscious motives underlying Mr. X's earlier passive inclinations and experiences. Although coitus *per anum* is not uncommon in homosexual activity it is relatively rare in comparison with the incidence of mutual masturbation and fellatio (Brun, 1951). This may be due to the fear which most homosexuals have of bodily injury if they give way to passive anal tendencies. When they do so some means of removing the anxiety must operate to permit the gratification of these wishes by anal coitus.

Mr. Y did not indulge in sexual relations with adults but only with boys in which he took the active part. While analysing a phantasy of masturbating a boy who is tied up and immobile, he revealed how frightening it would be to be so vulnerable. He remembered an incident in boyhood when an older boy had tried to grasp his penis without his consent. He struggled so violently that the bigger boy let him go. He described how in his sexual relations he not only had taken the initiative but retained control of the situation throughout. This need for control was equally apparent in his behaviour in the non-sexual sphere. His own unconscious passive wishes were expressed in the phantasy of the tied-up boy. In a memory of childhood he recalled being out for a walk with his father. The latter had him by the hand and seemed to be pulling him through the air. This was a pleasant sensation. Such passive wishes had now become very frightening, as the following dream demonstrates: 'He is being chased down a flight of steps by a man wearing glasses (the analyst) who has a knife in his hand: he just manages to get out of the house and close the door.' He awakened in fear.

The analysis revealed that in childhood Mr. Y had been deeply impressed by the castration

threat. Not only did he vaguely recall such a threat regarding masturbation but an accidental circumstance (? a screen memory) of high symbolic content must have confirmed the possibility of an injury to the penis. As a very small boy he had a pet canary of which he was very fond. One day while being allowed to fly around the room the bird came too near the fire and was consumed in the flames. That this bird symbolized his penis was demonstrated in the following post-masturbatory dream. 'A boy is standing on a hillock; he holds a bird in his hand; he is very fond of it and strokes it; he releases the bird and it flies high in the air; he lifts a gun and shoots it; he is afraid of being found out and hides the bird under his coat.' In his associations he told of how he was given to holding his penis under his raincoat when seized with an exhibitionistic urge. The fear of injury to the penis had important repercussions. He had an amnesia for looking at or touching his penis in boyhood or puberty. He did not masturbate until he was about sixteen. Prior to this his method of avoiding the castration threat yet allowing himself the pleasure of masturbation was to touch other boys' genitals and for them to touch his penis. This was always done in the dark. Lewinsky (16) has described a very similar means of avoiding the masturbation prohibition in a homosexual patient.

Castration fear has resulted in the repression of active phallic behaviour towards a heterosexual object. Dreams and exhibitionistic tendencies (the wish to show his penis to boys) immediately following a visit from his mother when he had spent much time 'showing off' to her, permitted the reconstruction of his attempt in childhood to impress his mother with his penis. In the interview following this reconstruction he dreamt of being attacked by gangsters and men with spears. Not only were active drives vitiated by castration fear, but passive-feminine trends (e.g. the 'princess' dreams) also because they too carried with them the fear of castration. The analysis of his fear of sexual passivity provoked anxiety which was partially expressed in a peculiar and distressing swelling-up sensation of the hands and face. On one occasion he described this as if something large was trying to get into something small. This sensation, which occurred periodically throughout the analysis, was most frequently stimulated by castration themes; for example, on one occasion while relating that he often had the

thought that a woman looked nice even although she had no penis, the 'swelling up' sensation suddenly appeared. During this period of analysis of the passivity fears, he dreamt of 'being attacked by a man with a knife and a bloody hole made in his chest'. This hole he equated with the vulva. The interpretation of his fear of being made into a woman was immediately followed by the appearance of the swollen-up feeling. The femininity which he feared so much was disposed of by means of projection. Whenever he encountered what he felt to be traces of effeminacy in men or boys he was disgusted. This reaction was present in both Mr. X and Mr. Z, notwithstanding the fact that at one time Mr. X had behaved very effeminately. Nunberg (19) had described this projection of feminine trends whereby the male eliminates these unwanted aspects of his personality.

As will be shown later, Mr. Y had no interest in boys who had been circumcised. In contrast Mr. X found the uncircumcised penis disgusting. Castration anxiety motivated the distaste of the former, whereas for the latter only the circumcised penis was completely masculine. Nunberg (19) has shown that circumcision not only liberates the glans penis, the symbol of masculinity, but frees the man from the dirty prepuce, the symbol of femininity. Like Nunberg's patient, Mr. X projected his animality into the woman. The vulva was a cloaca and vaginal secretions were equated with faeces. He experienced intense disgust even at the thought of the female genitalia.

The intensity of the castration anxiety may be the determining factor in deciding whether or not an individual can give way to passive anal wishes. In spite of Mr. Y's anal fixation, passive tendencies had been completely repressed and replaced with an active drive towards boys. The homosexual who can indulge his passive anal wishes may be able to do so if he can deny the possibility of bodily damage during coitus. Only when reality can no longer be ignored is this denial dissipated. For example, Mr. X was able to participate in anal coitus in the passive rôle until he developed an anal discharge. Only then did he give up this form of satisfaction and resort to mutual phallic and anal masturbation and fellatio.

Although passive libidinal wishes directed towards women are not obvious in homosexual patients, they are nevertheless present. When talking of his passive coital experiences with men

Mr. X likened the sensations in his anus to those he felt when his foster-mother inserted soap into the anus because of constipation. He recalled that he even adopted the same posture in homosexual relations as he had done with his foster-mother while she introduced the soap. In adolescence he masturbated by inserting pieces of soap into his anus, thus repeating the pleasure he had experienced as a child. Towards the end of the second year of analysis Mr. Y revealed his hitherto repressed interest in women's breasts. He had become aware by himself of his unconscious equation of penis and breast. His wish, never fulfilled, to perform fellatio with boys undoubtedly represented his unconscious wish to suckle his mother's breast. Simultaneously he began to verbalize one of his unconscious phantasies of the mother. When he was about fifteen he had been attracted, for the first and only time, to a girl some years older than himself. He felt so inadequate and inferior in relationship to her that it seemed as if she came from another planet. While on holiday during the analysis he had been very impressed and overawed, as before, by a very handsome girl. He was distressed when he heard that a man had taken her out. He felt she should remain pure, unsoiled, and immaculate. This phantasy of a virginal female, free from the "dirt" of sexuality, was his method by which he denied the existence of his parents' sexual life. The fellatio experiences of Mr. X with boys were to be explained along similar lines to those wishes of Mr. Y, and will be referred to later in a different context. The oral, anal (non-coital), and genital activity reported in most cases of homosexuality represents a repetition of the libidinal satisfactions of the pre-oedipal phase now re-enacted with the homosexual partner. Experiences with a phallic mother are preferable to the dangerous fulfilment of the negative oedipus wishes by means of coitus *per anum*. Nevertheless such unconscious desires often break through from repression and appear as phobias. Lewinsky's patient (16) complained of a burglar phobia, and Mr. X had a mouse phobia.

Nunberg and others have demonstrated the close relationship existing between analty, passivity, and feminine trends in the male. The pronounced analty of all six patients had resulted in conflicts regarding passive-femininity. The patients had an intense distaste for any sign of femininity in themselves. Their own femininity was projected on to women and other men. Masculinity was the ideal, more obviously

expressed by the homosexual patients, as represented by the erect penis. For example, Mr. X was repelled by men with what he termed a flabby penis, which he equated with the pendulous breasts of parous women. Mr. Z expressed similar ideas and was contemptuous of men who appeared in any way effeminate. The non-homosexual patients while likewise projecting their femininity (best illustrated by Mr. B, whose girl friend epitomized his own rejected femininity) could tolerate it to some degree in the heterosexual love object.

The emphasis on masculinity in the type of homosexual patient described here appears to be in part a defence against passive-feminine (anal-erotic) wishes. In this respect the homosexual patients were no different from the non-homosexual patients. Both had pronounced unconscious feminine identifications and both equally feared the passive wishes stimulated and exaggerated by such identifications. The opinion that the masculinity of the object homosexual individual is essentially defensive is a re-echo of the views expressed by Jekels (1913) quoted by Bychowski (5): "In his opinion 'active homosexuality is only seemingly active; in fact it is passive, so that there is no other homosexuality at all but the passive kind. . . . Every inversion is a drive with a passive aim.' Jekels regards the determining factor as anal erotism, which, in his opinion, sets the pattern for the passivity of the libido." On the one hand passive tendencies seek complete fulfilment in coitus *per anum*. On the other hand the achievement of such passive aims would be equivalent to the acceptance of femininity and castration. Mr. Y demonstrated by his reaction to the analysis of his passivity fears that unconsciously he regarded giving way to such tendencies as a castration, e.g. the 'hole in the chest' dream. Mr. X renounced his passive anal satisfactions only when his denial of bodily injury could no longer be maintained. From then on he was only interested in masculinity, detested effeminacy, and his passive tendencies were repressed. This conflict between the wish for passive anal gratification by coitus (the fulfilment of the negative oedipus complex) and the fear of femininity (castration) must be active in the vast majority of homosexuals. This supports the view that all homosexuals, if not actually suffering from a psychoneurosis, do suffer with a severe, chronic neurotic conflict. The insistence on masculinity also obscures the fact that the homosexual practices engaged in are in fact

repetitions of the pre-oedipal mother-relationship. Here oral, anal, and phallic drives may be satisfied without the danger associated with coitus *per anum*, which is symbolic of the sexual act with the father and must demand castration as a prerequisite.

Repudiation of femininity is not limited to only one group of patients but applies equally to both. This is in accord with Freud's statement (1937) that 'The repudiation of femininity must surely be a biological fact, part of the great riddle of sex'. (*Coll. Papers*, vol. 5, p. 357.)

PROBLEMS OF NARCISSISM AND EGO DEVELOPMENT

The transference manifestations in the non-homosexual patients were particularly free of chronic reactions to narcissistic injuries. The patients were not withdrawn. They were prepared to attempt the formation of a new object relationship in the analytical situation. In contrast Nunberg (17) has commented upon a homosexual patient to the effect: '... The patient's entire life history shows in unequivocal fashion that his narcissism was continually, and chiefly at the hands of his mother, subjected to severe injury.' With both Mr. X and Mr. Z a history of this type was obtained. The former, an illegitimate child, had been farmed out to a foster-mother when only a few months old. He had been very badly treated by her during his first six years of life. He was beaten a great deal and punishments of an extremely unpleasant type were inflicted upon him. At the age of four, after being incontinent of faeces, his face was pushed into the excrement as a punishment. As a reaction to hurts, both physical and emotional, he had withdrawn into a state characterized by an extreme degree of aloofness and detachment of manner. Silence had become a trait of character. The silence, initially developed as a defensive reaction, was eventually used as an expression of aggressiveness. In the transference he re-lived many of the experiences which he had undergone in childhood. For months he was unable to begin talking unless the analyst spoke first. He often had the frightening thought that he was going to be struck in the face. He was very distrustful. His apparent indifference, however, hid an extreme dependence. One day he appeared in new clothes. He said with some difficulty that the analyst might think that if he could afford new clothes he could pay for treatment. (He was a non-paying clinic patient.) This fear that the

analyst might have terminated treatment because he did not pay was a repetition of an anxiety frequently endured in childhood when the foster-mother threatened to send him away if his own mother did not send her more money. The analyst was unconsciously pictured as the foster-mother who demanded thoughts, memories, and money.

It was equally difficult to make verbal contact with Mr. Z. He felt unable to discuss his homosexual problem because he was sure that any confessions he made would be used against him if he was by chance apprehended by the police. The cause of this attitude lay in his early dealings with his mother. When he had misbehaved himself she would induce him to confess and then punish him. She frequently humiliated him in front of his siblings. He often missed interviews and would never say why he had been away. His mother was the type of woman who always wanted to know where he had been and what he did. He was disconcerted when this behaviour was not forthcoming from the analyst. This patient rebelled against any type of conformity. He said that having to come to analysis each day was as bad as having to defaecate daily. He recalled being forced to sit on a pot for hours until he passed a stool. This made his withholding of information much more comprehensible.

Mr. Y differed from the other two in that he was most cooperative in the analysis and talked freely. He too had difficulties in entering into emotional relationships. This expressed itself in an exaggerated need for independence and an excessive fear of losing self-esteem. He had a brother three years older than himself. When he was three and a half years old another brother was born. He was on summer holidays at the time with his aunt and brother. After the birth of this sibling his mother appeared to lose all interest in him. Both at school and in later life he showed himself to be the outstanding member of the family, yet his mother paid little attention. Holiday breaks in the analysis were repetitions of the mother's withdrawal at the time of the brother's birth. With regularity pre-holiday interviews were taken up with associations concerning the brother, summer holidays and symbolic allusions to birth both in thoughts and dreams. For example, here is a dream produced two or three days before a break in the analysis—'the patient, his landlady and younger brother are walking up a steep slope. It is rocky and slimy, at the bottom there seems to

be a wooden gate. His brother falls into a hole right up to his neck and is completely covered in mud. The lack of interest on his mother's part must have resulted in a gradual libidinal withdrawal. In adult life he liked to give boys that attention and affection which he would have liked to have received from his mother. His transference affects indicated that he had suffered from a depression at the time of the sibling's birth. Much of his behaviour was a defence against the libidinal deprivation suffered at that time.

The childhood histories of the non-homosexual patients provided a striking contrast. There was a close relationship with both parents and siblings, with the exception of Mr. A who was an only child. Although the relationship with the mother was close it was by no means undisturbed. In two instances (Mr. B and Mr. C) rivalry with older brothers was an important factor in stirring up violent hostility against the mother. This was repressed, and only expressed itself indirectly during childhood years. In adult life this unconscious hostility was vented against all women. For example, Mr. C would lead women friends on only to disappoint them. His symptoms of impotence and ejaculation praecox served to demonstrate contempt for his partner. This patient eventually realized that his soiling of the woman's genitals with semen was equivalent to urinating on her (1). At the age of 16 he urinated on the spot where he and a girl friend used to lie after she had given him up for another boy. The mother-relationship was further upset by sexual difficulties. In each case the mothers expressed disapproval of phallic sexuality and sexual curiosity in general. Mr. A related that because of his mother's attitude to his penis he gradually came to believe that it was something to be ashamed of. In later childhood she gave him strict instructions never to listen to boys who talked about sex. This resulted in an inhibition of sexual curiosity which lasted into early adult life. This particular inhibition was present in all three patients and could be related to prudish parental attitudes towards genital sexuality. The inhibition was reinforced by anxiety-laden phantasies of the vagina dentata and the like. Frank discussions about sex embarrassed and disgusted Mr. C, but if there happened to be an atmosphere of secrecy he was immediately interested. This repeated the situation in his home where there was no open acknowledgement of sexuality. Under such conditions the sexual (phallic,

scotophilic) drives had little opportunity to develop favourably.

In spite of these difficulties in the mother-relationship the patients did not abandon heterosexuality. Similar difficulties have already been referred to in the homosexual patients. More striking were the complaints of a lack of love and attention made by the homosexual patients. Mr. X stated that his happiest time as a small boy was when he was ill in hospital and enjoyed the attention of the nurses. Mr. Y recalled lying in bed crying, hoping that his mother would come and comfort him after she had been with his younger brother. However, even such experiences do not account for the development of homosexuality, as many patients are encountered who have enjoyed a favourable mother-relationship. It would seem that neither violent hostility against the mother, the repression of sexual drives, nor a chronically unhappy mother-relationship need lead to that specific narcissistic cathexis of the ego characteristic of the homosexual.

What is the significance of the excessive narcissism characteristic of the homosexual? Bichowski considers that this narcissism is pathological and leads to a weakening of the ego. He points out that the homosexual has to utilize primitive regressive methods in his attempts to make contact with objects—'like the dream, which is a thinking operation on an archaic level, homosexual perversion appears as an attempt at social experience on a regressive level' (5). One instance of such regressive behaviour is the tendency to the narcissistic type of object choice. The over-investment of the ego with narcissistic libido has other repercussions on the function of the ego. In the case of both Mr. X and Mr. Y the increased narcissistic ego cathexis was accompanied by episodic alterations in the body ego boundaries. These alterations manifested themselves in attacks during which the patients felt their hands, fingers, lips, and sometimes legs and feet to be swollen up to a gigantic size. These sensations were accompanied by a feeling of intense anxiety. During the attacks the ego's capacity to test reality was partially lost. This was particularly pronounced if the eyes were kept closed, for it was then impossible to believe that the limbs were their normal size.

Mr. X experienced periods in the analysis when his reality testing became relatively defective. He relived traumatic episodes so intensely that it was difficult to make him aware

of the repetitive nature of his behaviour. Mr. X had great difficulty in talking in the analysis and he was quite unable to begin speaking. This was only possible when the analyst spoke first. One word, such as 'Well', would be sufficient. This silence was the product of a condensation which was highly overdetermined. On the most superficial level the patient was obeying the command enforced at the Boy's Home of not speaking until he was spoken to. It was also due to a dread of betrayal. This had occurred in childhood when he had confided some minor misdemeanours to his foster-mother. The result was his removal to a Boy's Home. On a deeper level the silence expressed a means of gratification of oral and anal wishes. As a small child his foster-mother frequently punished him by refusing to give him anything to eat. An old lady who lived in the house would occasionally come to his rescue and give him a piece of cake. This would make him much happier. The analyst's opening remark symbolized the oral gift and enabled him to emerge from his state of withdrawal. The words also represented the soap which the foster-mother inserted into the anus, providing pleasure and producing defaecation. The silence was further reinforced by a fear of oral (verbal) intercourse. On the one hand, the analyst's words represented a partial gratification of passive oral and anal wishes (acted out in homosexual experiences of an oral and anal type), but, on the other hand, they were potentially dangerous. Mr. X had a phobia of food poisoning and, while undergoing hospitalization for investigation into a possible venereal infection, he refused to eat for fear of ingesting 'germs'. This phobia was partly caused by his experience, already mentioned, of having his face pushed into faeces. The silence was a means of avoiding any chance of a repetition of this trauma. Verbal incontinence may be rewarded by a similar punishment. Finally the ingestion of the analyst's words would result in a contaminating internal disease. This fear screened unconscious pregnancy wishes which the patient feared, and wished for, in his relationship with the analyst. Gradually Mr. X began to make the distinction between reality and phantasy with a considerable improvement in his general mental state. Mr. X and Mr. Z made free use of projection. At times the projective defences almost reached the level of deserving to be termed paranoid delusions. They were both extremely suspicious and Mr. Z felt himself to be persecuted and victimized.

Denial was best illustrated by Mr. Y, who stated that he had been in ignorance of menstruation until the age of 21. Thorner (21) has described a similar denial of menstruation in his account of a homosexual patient. Mr. Y's denial was intimately associated with the castration complex. He had the memory, which he knew must be false, that as a small boy he had seen a little girl's genitalia complete with penis and testes. Bychowski (6) has stated that the defence mechanisms most frequently encountered in analysing homosexuals are . . . introjection leading to total identification, denial, turning against self, narcissistic withdrawal, and pseudosublimation.' When comparing the defence mechanisms of the two sets of patients Mr. Y resembled the non-homosexual patients much more closely than either Mr. X or Mr. Z. In general Mr. Y gave the impression of having a more intact ego than the other two. Denial of sexual knowledge was as pronounced with Mr. A as with Mr. Y, while reaction formation was as marked in Mr. C as in Mr. Y.

Homosexual patients of the type of Mr. X and Mr. Z reveal an ego which is not only less stable in its adjustment but employs more primitive defence measures, e.g. projection, to deal with internal and external dangers. This does not mean that all homosexual patients have an abnormal ego. The imprint of the oral and anal libidinal phases upon the ego was to be found equally among the homosexual and non-homosexual patients. Oral traits such as impatience, greed, and an inability to tolerate tension were equally pronounced in both Mr. C and Mr. X. Anal characteristics were to be found in almost every case. It is doubtful whether the concept of a typically 'homosexual ego' could be upheld if sufficient homosexual patients were investigated psycho-analytically. The ego of many non-homosexuals and the defences employed are very similar to those of Mr. X and Mr. Z, while Mr. Y approximates to what may be termed a 'normal' ego. Nunberg (18) has emphasized that the repetition compulsion is responsible for the continual reliving of early fixations which prevent the ego from making adjustments to reality in adult life. Mr. X and Mr. Z behaved both in the analysis and outside it as if they were reliving their unhappy early years. This made the management of the transference very difficult. Mr. X gradually became aware of the repetitive element in his behaviour, but Mr. Z never did, and broke off treatment after seven months. The reliving

of such early traumata leads to repetition in action rather than remembering and to the refusal of the patient to see the analyst as anything other than a malevolent persecutor.

Freud (12) has described how the ego is built as a result of identifications with the love objects, the parents. Gradually the love objects are given up as objects through which direct libidinal gratifications can be attained. Their image is placed within the ego, thus remaining forever as the object towards which the id impulses may be directed. This process of ego development (identification) is accompanied by desexualization of the libidinal drives. In this way are derived the aim-inhibited drives which are so necessary for effective interpersonal relationships. At the same time the capacity to sublimate, i.e. the displacement of the libidinal impulses to non-sexual aims, is developed. Love is the means whereby the child can renounce, for the mother's sake, many of the instinctual wishes whether libidinal or aggressive. The unhappy early life of so many homosexuals does not facilitate this renunciation. The capacity to displace the libidinal drives to non-sexual aims and the ability to sublimate is, often gravely damaged. Aim-inhibited love, homo- or heterosexually directed, is defective. This no doubt accounts for the fact that the interpersonal relationships of certain homosexuals are always sexualized and consequently give rise to conflict. Identification occurs with the frustrating and disappointing love object, but this identification must be unstable on account of ambivalence. The failure to experience a satisfactory object libidinal relationship in early childhood must predispose to a narcissistic cathexis of the ego. This narcissistic cathexis is accompanied by a failure in the efficient development of the ego boundaries and the growing capacity for reality testing. Under normal circumstances the love object leads the child to a progressively improving awareness of reality and helps him to tolerate the painful frustrations which reality entails. The absence of such a love object predisposes towards a withdrawal rather than an advance towards reality. The tendency is to maintain a hazy, indefinite relationship with the external world which is always regarded as dangerous and destructive. Such an attitude encourages defence mechanisms like denial, reversal, and projection. The extent to which such defences operate will vary from patient to patient and depend to some degree upon the early life experiences.

Anna Freud has remarked (8) that the absence of a strong father may predispose to the development of homosexuality. It is a common observation among homosexual patients either that the father was absent in early childhood or was of little consequence in the home. This was the situation with the three homosexual patients. Mr. Z's father was always away on business and he rarely saw him; Mr. X was illegitimate, and Mr. Y's father played a minor rôle in domestic affairs. About puberty this patient had the phantasy that he could tell whether or not a boy was circumcised by his appearance when clothed. As has been mentioned he disliked boys who had been circumcised. During the analysis he had the following dream. 'He is standing in his pyjamas; a dirty-looking tramp peers through the window; he comes into the room and picks up a plain pen lying on the bed; in a contemptuous voice he says that his (the patient's) fountain pen is no good.' Apart from the transference references the patient's associations revealed that he was the onlooker and the tramp his father. The plain pen and the fountain pen symbolized the circumcised and uncircumcised penis respectively. It was the patient who was contemptuous of his father's circumcised penis. He recalled that he had always been dimly aware of the fact that his father was circumcised. Once he had discovered the circumcision he could no longer believe in his father's masculinity. He may have attributed his father's lack of dominance in the home to this anatomical 'defect'. Neither Mr. X nor Mr. Z came into intimate contact with adult males during their early childhood. Nevertheless the longing for the father was there. Mr. X remembered that as a small boy of about four or five while living with the foster-mother he was very jealous of a little girl, also boarded out, whose father visited her regularly and took her for a ride in his car. On one occasion the patient rushed out to the car and clung on to the door handle. A struggle ensued and he was dragged away screaming. During his analysis he often criticized men who abandoned their children. No doubt he had many unconscious phantasies of his absent father of the type described by Burlingham and Freud (4), but these were never unearthed. To what extent the patient's passive homosexual phase was an unconscious seeking for the father is problematical.

The situation was quite different with the three non-homosexual patients. Mr. A had phanta-

sies of gigantic genitalia. He often referred to the size of a stallion's or bull's penis. He would theorize as to why large animals are castrated. He presumed it was to make them less dangerous and more manageable. As a child he had preferred women to men. He found men rough and crude whereas women were soft and gentle. When he was eight years old a workman, whom he was irritating, threatened to castrate him. A workman was a suitable father substitute because he always remembered his father as rough in dress and manner although he was in fact kind and considerate. Mr. C had phantasies of a large black penis which could 'do plenty of damage'. In his case the penis was equated with the enema tube. Although the size of the father's penis frightened both Mr. A and Mr. C, because of their passive anality, their admiration enabled them to aspire to, and identify with, this symbol of masculinity. The identification with a virile father leads to changes in the developing ego towards masculinity. The lack of such identifications, as occurs in homosexual patients, interferes with these trends and facilitates the hypertrophy of the feminine identifications in the ego.

Not all homosexual patients endure a childhood of continuous trauma and unhappiness. There must be a range extending from such extreme cases as Mr. X to instances such as Mr. Y. The end result will vary considerably. The more disturbed and traumatic the childhood the greater will be the defect of the ego. The abnormal ego is an obstacle to treatment. The

patient employs all the manoeuvres he utilized in childhood to escape from his fear and unhappiness. He repeats both within and outside the analysis the emotional upheavals he suffered in his early years. He is beset with severe anxiety from the start. Often the analysis is broken off before it has properly begun. The narcissistic withdrawal acts as a barrier to the development of a sufficiently strong positive transference within the shelter of which the patient could tolerate unresolved conflicts, traumas, and the associated effects. The degree of ego defect may be the decisive factor in determining whether or not a homosexual patient can undertake and benefit from psycho-analytic treatment.

SUMMARY

The clinical material presented here confirms Freud's views that there is nothing specific about the psychological factors to be found in cases of male homosexuality. The material also suggests that the 'masculine protest' of homosexual patients has a defensive function protecting them from an underlying passive femininity of which they are afraid. In this they differ in no way from certain patients suffering from potency difficulties. It is unlikely that there is a specific 'homosexual ego'. The more disturbed the early childhood experiences the more abnormal will the ego be, and this need not be accompanied by manifest masculinity. It is equally possible, as has been seen, for homosexuality to occur in the presence of a relatively intact ego.

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A NOTE ON BLATHERING¹

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'Blather' is the best verb found to identify an ego activity which may be described as 'a rapid, noisy, recurrent protrusion and withdrawal of the flattened relaxed tongue through moderately relaxed lips and jaws'. This description may be accurate but it may not really indicate what is meant. What is meant is . . . (the author illustrated the activity—the audience laughed).

The Plate² shows the lip and tongue movements during one cycle of blathering. The camera rate was sixty-four frames per second. Approximately eleven pictures constitute one cycle. The approximate rate of blathering in the illustration is 360 cycles per minute. Three counts of ten cycles each in the subject illustrated gave a rate ranging from 290 to 380 per minute. Three counts of ten cycles each in a second subject gave a rate ranging from 260 to 340 per minute.

Perhaps what happened in the audience when the author blathered illustrated the difficulty present during analysis. Words often do not convey sufficiently what is meant, whereas actually blathering as a part of an interpretation may convey what words cannot. Blathering may not be the best word to describe this activity. The O.E.D. defines blathering as 'to talk nonsense loquaciously or to cry loudly'. Nevertheless the word 'blather' suggests the movement I am talking about. In saying 'blather' loudly and repeatedly the tongue does tend to make a movement similar to that described. One important aspect of the activity is the freedom of the tongue in passing the lip margin rapidly and recurrently.

The instinctual basis of this activity appears to be libidinal. Blathering has been observed during analysis only after anxieties related both to aggressive tongue movements and to libidinal tongue movements have been worked through.

The fantasies associated with blathering concern sound, touch, and movement. The fantasies concerned with sound are of primitive, loving noises given out and taken in. The fantasies concerned with touch are about the breast or more specifically the nipple (a) as an internal object, and (b) as identified with the tongue, gums, or lips, and (c) as contrasted with the tongue, gums, or lips. Fantasies concerned with the kinaesthesia of movement are related to the rapidity of the tongue movements. These movements are com-

pared to licking, sucking, puking, spitting, the nipple, the breast, or milk.

The defences against the emergence of blathering are manifold and over-determined. The most specific symptoms of defence are fears of spitting and vomiting, slowness of tongue movements, roundness of the tongue and inability to flatten it, stiffness and anaesthesia of the lips, lack of sensitivity in the tongue, lips, etc. These symptoms appear to be mostly anxiety symptoms and to be due to repression.

Blathering may occur in infancy over a short or a long period, but is mostly present in the latter part of the first year or the first part of the second year. The adult ego-syntonic derivatives of blathering may be seen in free tongue and lip movement, speedy and easy speech, freedom from anxiety when being misunderstood or when being accused of talking nonsense, enjoyment of nonsense, freedom from anxiety during and ease of spitting, vomiting, etc. Adult symptoms related to blathering may be the reversal of any of these ego-syntonic activities, namely, restricted and difficult tongue and lip movement, slow and difficult speech, fear of being misunderstood, fear of making mistakes in speech, dislike of nonsense, fear of spitting, vomiting, etc.

The appearance of actual blathering or the appearance of a defence against blathering in the transference situation may be related to any of the defences already mentioned. A short description follows of an interview in which blathering appeared in a female patient of thirty-five. After two weeks' privately obtained analysis she became excited and was admitted to hospital for several months. On discharge after seven months she was treated as a hospital out-patient. The initial complaints when analysis began were fear of vomiting and anxiety while on her own, especially when away from her home. While in hospital her excitement showed manic and depressive features and many types of unrealistic feelings and hypochondriasis appeared. Four years later slowness of speech, tight lips, a round tongue, frequent slight movements of the tongue out of the mouth, combined with anxieties about talking nonsense, occurred in the setting of an early maternal transference situation. When her fear of blathering now and in infancy, due to

¹ Slightly modified from a short communication read before a meeting of the British Psycho-Analytical Society on 4 June, 1952.

² These pictures were taken in the Department of

Clinical Research, Institute of Psychiatry, University of London, by Dr. F. Sainsbury. Work in this Department is partly supported by a grant from the Research Fund Allocation Committee of the Institute of Psychiatry.



ILLUSTRATION TO:
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her mother's non-acceptance of it as a libidinal activity, was interpreted, her responses were, in the order in which they appeared, as follows:

- (1) a pleasurable blather of three or four cycles;
- (2) stammering speech;
- (3) a fear that she would stammer all the time;
- (4) tremulousness in her chest;
- (5) anxious trembling in her abdomen;
- (6) memories of abdominal hypochondriasis;
- (7) trembling in arms and legs while she described (5) and (6).

At this point the spread of anxiety was interpreted both as the spread which occurred after blathering was first rejected and was neither returned nor reciprocated, and as the anxious spread of pleasurable feeling from mouth to chest, abdomen and general musculature, etc. I said she had wanted to blather more than three or four times and had wanted me to blather more. She was immediately relieved, blathered again, and said it was just like vomiting without being afraid.

Several weeks later she wrote the following: 'I showed you what I meant. You did it too and that seemed quite jolly (it's always jolly if someone else doesn't mind being something silly). I tried to do it again but I couldn't. I don't know why except that it would have made me feel such a fool. The longer I couldn't or wouldn't, the more tied up I felt. The joy went out of things. I began to feel remote—a bit sad—I found I couldn't talk without falling over words. A minute later my tummy muscles began trembling, apparently independently of the rest of me. This seemed a new feeling and I couldn't quite believe it. Then I began to tremble all over, like I usually do after a panic. I began to get frightened and wondered how I could ward off the rising panic. You went on talking but I don't remember what you said. Were you saying that I had pushed it down and could bring it up if I wanted to? Anyway, it seemed like that, and I suddenly said "Is it just ****? (rubbish noise)" and immediately the tension broke and I stopped trembling. I was surprised and relieved and felt as if something in me had been released.'

The first sentence of this quotation shows a reversal. She wrote: 'I showed you what I meant. You did it too . . .' In fact it was following my interpretation of anxiety about blathering, during which interpretation I blathered, that she was able to blather for the first time. She describes the situation more as she would have liked it to have been in childhood.

She would have liked her mother or nurse to blather after she had blathered to them or at least after she had blathered without being seen or heard.

Balint's (1948) report of infantile sucking has, in my opinion, two important implications connected with what has been described, neither of which were discussed at length in his articles.

One implication is related to blathering. Balint showed that the speed of tongue movements in feeding might be very rapid and also that during one phase of feeding there may be a positive intra-oral pressure. During this phase milk is kept in the mouth by a sealing action of the gums and lips on the breast or nipple; otherwise there would be considerable leakage. His observations point to the need for more knowledge of the type of oesophageal movement accompanying such fast tongue movements. We should look for clinical evidence of recurrence of very fast oesophageal peristalsis in contrast to the slow adult peristalsis. The suggested hypothesis is that one later derivative of the early fast tongue movements during feeding described by Balint is what is here called blathering.

A second implication of Balint's work is that memories of the positive pressure phase of early feeding may be distinguishable from memories of the negative pressure sucking in later life. The positive pressure feeding and swallowing may be connected with a very different type of contact with nipple and breast. Memories which have a characteristic balance of introjective and projective fantasy may be allied to the positive pressure phase of feeding. Some memories seem to put more or less equal emphasis on 'taking in' and 'going into' the object fed upon. Blathering may be a derivative of the positive pressure phase of feeding rather than of the negative pressure phase. Smacking and kissing movements which have already been described in the literature may be derived rather from the negative pressure phase of feeding.

SUMMARY

Blathering may be a useful word to apply to a specific early, oral, libidinal activity and its connected fantasies. During interpretation of the transference situation when blathering anxiety is unconsciously present, blathering, not as a word but as an act, may be useful.

REFERENCE

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(Received 2 August, 1954)

ON DETERMINISM

By DR. HANS LAMPL, AMSTERDAM

The concept of psychic determinism has played from the very first a decisive rôle in psychoanalysis. The way in which Freud looked upon most psychic, and especially psychopathological, phenomena was different from that of his predecessors.

The concept of determinism is, naturally, as old as human thinking. It might even be said that it came into being together with causal thinking, or even that it was the first form of logical thought. It is hardly possible for us to form an idea of the genesis of thinking, because it is self-evident that we can think only 'thinkingly'.

It may be possible to draw a comparison with early manifestations of the logical (causal) thinking of the young child. These are, at a very early stage, already associated with a continuous asking for the reason 'why', which may sometimes become a kind of compulsive questioning. Children ask many more questions than the most clever of adults can answer, e.g. 'Where does the flame go after it is extinguished?', 'Why does one see oneself in a mirror?', etc. Such compulsive questioning often occurs in children at the period when they discover the difference between the sexes, but do not understand its significance, or when they are uncertain about the rôle played by the father in the genesis of the mother's pregnancy and, consequently, in the arrival of a sibling.

Adults, even those who believe that they take up a completely free attitude in regard to sexual problems, often betray, quite unconsciously, a certain embarrassment by the way in which they answer such questions. They may thus establish a kind of 'prohibitive barrier' (*Verbotsschranke*), although their words contain the real truth. The child's question 'Can I have a sandwich?' usually receives an answer given quite differently from that elicited by the inquiry: 'Mummy (or Daddy), could I see you naked?' or 'Why is my sister different from my brother?' or 'Where do children come from?'. In other words, the disappointments experienced by the child when asking about the how and why of sexual problems, bring about a shifting to other

fields of the impulse to ask. The *Wissensdrang* (craving for knowledge), the need for causality, comes into existence.

Thus it is impossible for us, as a rule, to track down the process of development of the need for causality in mankind. It is, however, possible to observe that development ontologically (in the young child).

Perhaps the myth of Adam and Eve also shows us the way by which causal thinking came into being. According to this story, the original human pair knew nothing at first of the difference of the sexes. It was their eating of the apple from the 'tree of knowledge' which supplied them with the relevant information and with knowledge in general. In this story, too, the development of knowing, of recognition, is associated with the discovery of the difference in sex and of sexuality. Now Man wants to know, he thinks about and asks for the 'why' and 'how'. In earlier times the genesis of everything is attributed to the omnipotent God, whose power is responsible for all that happens. Simple processes, such as the formation of clouds, rain, the occurrence of epidemics, etc., are willed and caused by God (or the gods) and thus, to primitive Man, everything is accounted for. He finds himself in the stage of a strictly brought-up child, who, when he asks, 'Why must I put on my overcoat?' accepts the parents' answer: 'Don't ask such stupid questions. I want you to put it on.'

Of course, there are contrary children, who are not satisfied with this parental answer. Likewise there must have been, in earlier days, rebellious sons who were unwilling to accept the dictatorial God. They began to think and to search for explanations for themselves, and so deprived the 'God' of part at least of His omnipotence. The present status of our knowledge forces us to bear in mind, always and in every field, that we are successful in depriving the so-called God of only a *part* of His power, or, in other words, that Science is able only to reduce the scope of the mystery to some extent, and not to make it vanish.

The determination of psychopathological phenomena was looked for, in the pre-analytic era, either in somatic processes only or in the machinations of gods or devils. In discovering the unconscious life of the psyche, Freud made an entirely new and highly important contribution to the explanation of abnormal and of normal phenomena.

However, little able as we are at present to explain fully the simple phenomenon of rain (attributing it no longer to God's will, but to a number of physical processes), can we hold the view that Freud, by his discoveries, has fully accounted for the entire psychic process? Here, too, he robbed the Mystery of part of its power.

Not so long ago, investigators, at first in physics, later in psychology as well, became engrossed in a branch of science which suggested to many that, besides determinism, another factor might play a part, one that had nothing to do with the laws of causality, viz. the theory of probability. It was believed that something entirely new had been discovered, a factor operating independently of any determination, a kind of occult, secret force. This may help to account for the fact that we form an idea of the laws of probability, which is either vague or too exact.

To cite a simple example. We toss a coin in the air; it falls on the ground, 'heads' or 'tails'. According to our conception of probability, heads turns up as frequently as tails. If we were to perform the same action a million times, heads would come up 500,000 times, and so would tails. If this did in fact happen, we should really be compelled to speak of some secret force bringing about this mysterious event. Actually, however, things are quite different. Heads may turn up far more frequently than tails, or the reverse.

We know by experience that the fluctuations in the numbers do not exceed a certain limit. In medicine we are accustomed to work with probabilities, e.g. the mortality from typhoid fever is x per cent. If we study a very large number of cases, we always meet with the same percentage. Broadly speaking, this is correct; it is not correct, however, upon closer examination, for then we find, e.g. in one study, a case mortality rate of 10.35 per cent, in a second study one of 10.15 per cent. We then speak of a mortality of 10 per cent. The same holds

good for all statistical calculations: they are correct only in a gross sense.

Let us now study the following train of thought: What will happen if we let a process run its course several times in exactly the same way? The problem itself is wrongly stated, for it is impossible for us to make a series of events repeat itself exactly. Let us imagine a particularly good marksman shooting at a target with a rifle. We are not a bit astonished when even the best of shots does not invariably hit the same spot. Now we change the experiment: the rifle is fixed in a concrete wall, and once again we shoot at the target. The points of impact will now lie much closer to each other, but even so they will not entirely coincide. Upon microscopic examination of the target we could see the scattering clearly. Our error lay in supposing that we could bring about an absolute similarity. It is impossible, for instance, to make a number of bullets whose explosive charge is precisely equal; the layers of air through which the bullets fly are not exactly the same in both cases; the temperature of the rifle barrel is not constant, and so on.

On close examination it becomes obvious that we can never speak of absolutely equivalent conditions in two or more experiments, but only of approximately equivalent ones. Consequently, all laws of probability are only approximately true; they are never absolutely valid. They are influenced and determined by other, variable factors. Logically, we must assume that the latter do not vary 'at random', but are in turn influenced by decisive extrinsic factors.

Thus we arrive at the conclusion that the process of determinism is not abolished by the laws of probability. Here too, determining factors play a decisive part, although in certain instances our present limitations of perception do not permit us to observe these factors. In *The Course of Natural Science in the Light of Psycho-Analysis*¹ Sandor Rado wrote: 'You have heard of the Galton Board and how it is used in the Tivoli game. Nails fixed in rows are arranged on this board, in such a manner that they are equidistant. Circular discs exactly corresponding in size to the distance between the nails are on the board. We now start the following experiment: we make a large number of such discs fall from between two of the uppermost nails. We ask the expert what

¹ Summarized in Bulletin of the International Psycho-Analytical Association (*Int. J. Psycho-Anal.*, 4, 1923, 362).

the distribution of the discs arriving in the lowest rows will be, according to the laws of classical mechanics. He will not be able to answer this question, although it refers to a simple phenomenon of movement of measurable means. "The result of this experiment", Mises reassures us, "cannot be deduced from the laws of classical mechanics; moreover we have no conception how such a deduction should be arrived at." In mechanics the problem can be idealized by assuming that board and discs are ideally perfect: the board ideally flat, the nails and the distances ideally identical in size, the discs ideally circular, etc.; yet still the predictions will prove futile because the final result of the experiment will depend on the innumerable small details which have been excluded when making the assumptions. Mathematical accuracy in this experiment is out of the question: how can one produce the innumerable data and deal with the equally innumerable mathematical processes involved? What would be the use of intending to save determinism "in principle"; were we to say that the paths of the discs are definitely determined if the conditions from the beginning to the end of the experiment are known, we should have to add that there is no hope of ever knowing them exactly and completely. By arguing in this way we could never prove the reality of our data, and we should arrive at a dogmatic belief instead of some form of scientific result. It would be much more honest and closer to the truth if we were to expect the paths of the discs to be accidental, and then the new question at once arises, how the properties of such accidental events can be studied.

In this example, Rado wants to preclude the possibility of determinism. In our opinion, however, it is far more rational to presuppose, in this event also, a determination of the various factors, even though we are unable, as yet, to prove our point.

In this connection, we now propose to examine more closely the analyses of associations and dreams relating to numbers, advanced by Freud as evidence for psychic determinism.

It is my experience that in Austria, and perhaps in other countries as well, dreams about numbers have for a great many people a very special significance. Numbers dreamt of are used in a prophetic way, e.g. are staked on in the lottery; people feel convinced that they are bound to win. This use of dreams of numbers is not important for us. We endeavour to

interpret numbers which occur in dreams as we do other dream-elements, and if we are successful in finding connections between the numbers and other psychic contents, we often succeed in disclosing the factors determining the choice of the numbers. But what of numbers that occur to us spontaneously or that we produce in answer to someone's request?

Freud describes the analysis of a spontaneous thought of a number.

"In a letter to a friend I informed him that I had finished reading the proof-sheets of *The Interpretation of Dreams*, and that I did not intend to make any further changes in it, "even if it contained 2,467 mistakes". I immediately attempted to explain to myself the number, and added this little analysis as a postscript to the letter. It will be best to quote it now as I wrote it when I caught myself in this transaction.

"I will add hastily another contribution to the *Psychopathology of Everyday Life*. You will find in the letter the number 2,467 as a jocose and arbitrary estimation of the number of errors that may be found in the dream-book. I meant to write: no matter how large the number might be, and this one presented itself. But there is nothing arbitrary or undetermined in the psychic life. You will therefore rightly suppose that the unconscious hastened to determine the number which was liberated by consciousness. Just previous to this I had read in the paper that General E. M. had been retired as Inspector-General of Ordnance. You must know that I am interested in this man. While I was serving as military medical student, he, then a colonel, once came into the hospital and said to the physician: "You must make me well in eight days, as I have some work to do for which the Emperor is waiting."

"At that time I decided to follow this man's career, and just think, to-day (1899) he is at the end of it—Inspector-General of Ordnance and already retired. I wished to figure out in what time he had covered this road, and assumed that I had seen him in the hospital in 1882. That would make 17 years. I related this to my wife, and she remarked, 'Then you, too, should be retired.' And I protested, 'The Lord forbid!' After this conversation I seated myself at the table to write to you. The previous train of thought continued, and for good reason. The figuring was incorrect; I had a definite recollection of the circumstances in my mind. I had celebrated my coming of age, my 24th birthday, in the military prison (for being absent without

permission). Therefore I must have seen him in 1880, which makes it 19 years ago. You then have the number 24 in 2,467! Now take the number that represents my age, 43, and add 24 years to it and you get 67! That is, to the question whether I wished to retire I had expressed the wish to work 24 more years. Obviously I am annoyed that in the interval during which I followed Colonel M. I have not accomplished much myself, and still there is a sort of triumph in the fact that he is already finished, while I still have all before me. Thus we may justly say that not even the unintentionally thrown-out number 2,467 lacks its determination from the unconscious."

It is difficult for us to verify the correctness of this analysis, because we do not know what Freud may have omitted for reasons of discretion. The example is not entirely convincing, at least it is not so to me. A possible error may lie in the fact that in analysing associations relating to numbers we are so often satisfied with finding a reason why a particular number cropped up. The technique of such an investigation could be compared with a dream analysis in which we were to be satisfied with the interpretation of the day's residues. I may cite as an example the wolf dream of Freud's patient: in this technique the explanation of the wolf dream would be given by finding that it was dreamt before Christmas and in anticipation of the Christmas tree.

The complicated arithmetical operations that sometimes occur in number associations are particularly striking. I have never observed such operations, either in my patients or in myself. At the period in which Freud expressed these thoughts, he was still strongly influenced by Fliess. We know, from the Fliess Letters, how strong Fliess' tendency was to work with numbers, in connection with his theory of periods. By means of addition, subtraction, multiplication, division, etc., he always managed to have the numbers fit in with his 'periods' of 23 or 28.

There are people who have a special addiction to puns and plays on words. Perhaps there are also people who possess a special faculty for playing with numbers, and the series of associations relating to numbers described by Freud are, in these types, possibly more significant than in other persons.

Freud quotes a paper of Jung on the dream of numbers (*Zentralblatt*, I, p. 567). Jung writes about a patient who dreams of the number

2,477; this number was thought to result from the fact that, in his dream, the patient had added the dates of eight different birthdays to his own age and that of his lady friend.

Although Jung casts a sceptical eye upon this example (and on others, too), one gets, on reading this paper, a slightly peculiar sensation of discomfort and doubt as to the exactness of his observations and presentations. However this may be, the paper cannot strengthen our belief in the psychic determinism of all number associations.

I now propose to quote something from Bleuler's highly interesting book, *Das autistische undisziplinierte Denken in der Medizin*. You will perhaps remember Freud's analysis of the word 'a-liquis' in the *Psychopathology of Everyday Life*. Bleuler examined 100,000 associations of word-divisions. In normal people he never came across a word-division similar to the one in Freud's example of 'a-liquis'. Bleuler infers that in the Freudian division into 'a' and 'liquis' chance is practically excluded, and he believes that we are justified in accepting Freud's determined explanation. Associations relating to numbers, however, are different. Usually we are dealing with numbers consisting of one or two digits. The probability of somebody's thinking of a given number is, in numbers of two digits, one in ninety. For one-digit numbers that probability is only one in nine. Chance can thus play a far more important rôle.

In all likelihood, numbers have, to us, far less psychic significance than have words, presumably because they are a much more recent invention of mankind.

Originally, there will have been a differentiation only between 'one' and 'many'. In the course of time, this 'many' became more differentiated. The concepts of large numbers are relatively very young. In associations of a few letters, chance plays a greater part than in word associations. There are only 26 letters at our disposal (at least in our alphabet), whereas we can think of an enormous number of words and combinations of words.

We could think of the following experiments:

- (a) A very large number of people are asked to mention any number of one digit or any letter. If the number of test subjects is large enough, all digits or letters will appear with approximately the same frequency.
- (b) An unmusical subject is asked to touch various keys of the piano; one after

another. It is impossible then to demonstrate any psychic determinism.

These experiments took place in accordance with the laws of probability. As we showed at the outset, we must, here again, accept determinism. There will be factors determining why one subject mentions *a* and another *b*, though in most instances we are unable to discover these factors with our present analytical methods.

Thus we are not justified in looking for this form of determinism in the psychic realm alone. We do not know as yet which factors do play a part. Recent investigations point to electric processes in the brain.

SUMMARY

I have tried to demonstrate: (i) that the law of probability does not refute the problem of the determinism of psychic phenomena; (ii) that there are, however, psychic phenomena which are unjustly considered by us to be exclusively *psychically* determined, whose determining factors we have been unable so far to disclose completely. Thus we can only investigate them, for the time being, along the lines of the laws of probability.

(Received 30 March, 1954)

A NOTE ON THE COMPATIBILITY OF PSYCHIC DETERMINISM AND FREEDOM OF WILL

By SAMUEL D. LIPTON, M.D., CHICAGO, ILL.

Although the concept of psychic determinism is generally accepted without qualification as an aspect of scientific causality, it sometimes appears difficult to reconcile it with the feeling of freedom of will. One of Freud's (1) statements about this was to the effect that the belief in psychic freedom is deep-rooted but unscientific, and that 'it must give ground before the claims of a determinism which governs even mental life'. This was written before he introduced the structural point of view, and the purpose of this brief note is to mention that the recognition of the subsequently-developed concept of intra-systemic differentiation of function within the ego permits an understanding of the concurrent existence of both concepts without either giving one up, as Freud suggests, or making any compromise with determinism, such as, for example, Glover's (2). The latter writes that the 'concept of psychic determinism is one that usually provokes discomfort in the minds of laymen as well as metaphysicians', and goes on to suggest that the difficulty can be overcome by remembering that in so far as the ego gains mastery over unconscious impulses, 'it may rightly claim it has acquired some "freed-will" '.

The feeling of freedom of will seems to be one of the subjective sensations of the normal ego, originating, presumably, in the awareness of the ego's mastery over unconscious impulses. The feeling persists despite the intellectual acquisition of the principle of causality; even the subsequent analysis of a specific action felt to be freely chosen does not dispel the feeling. For example, one may choose a number at random, analyse its determinants by means of free association, yet still retain the feeling that the number was chosen at random, and, of course, retain the feeling that one is again free to make a random choice. Conversely, reactions outside the range of the feeling of freewill are commonly felt as symptoms or other types of ego-dystonic intrusions.

It follows that the concept of psychic determinism is foreign and repugnant to the aspect of the ego which senses its own functioning and integrity as foreign as the id, of which determinism is the intellectual representative, and subject to a similar repression. The concept can be accepted only by the intellectual faculty of the ego, which has the capacity to stand apart from its sensation of its own functioning; in other words, the concept can command only intellectual, and not emotional, validity. In other fields of science there are many such concepts which depend exclusively on intellectual validation and cannot be felt, but in psycho-analysis we know that that type of validation is ordinarily insufficient. It is perhaps, uniquely, determinism which we can experience no more deeply. A feeling of determinism, in distinction to an intellectual conviction, may indeed exist in various forms, but only as an ephemeral or lasting disturbance in ego function.

The presence of such disturbances can lead to the hypothesis that a feeling equivalent to determinism is genetically more primitive than the feeling of freedom of will, but still the understanding of causality is a later intellectual acquisition.

Therefore, in the light of the differentiation of ego function, it may be said that an individual necessarily has a feeling of freedom of will as a consequence of normal ego function, and can at the same time maintain an intellectual conviction of the unqualified validity of psychic determinism.

After this note was submitted for publication, my attention was called to Dr. Robert P. Knight's paper, published in 1946 (3), and I read it for the first time. Dr. Knight has undertaken a much broader discussion of free will and determinism and important questions to which these concepts relate. In so far as Knight's conclusions relate to the limited area of this note, they are the same, though differently expressed. All that the note can add is a

reformulation; an explicit statement of an intra-systemic differentiation of function, a point which is clearly implicit in Knight's paper; and

the suggestion of a specific reason for the difficulty this question causes in psycho-analysis.

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(3) 'Determinism, "Freedom", and Psychotherapy', *Psychiatry*, August, 1946, 9, 251-62. (Also in *Psychoanalytic Psychiatry and Psychotherapy*. (International Universities Press.))

(Received 20 February, 1955)

ERRATUM

Volume XXXV (1954), page 437: ABSTRACTS Contents: second line: instead of *The Psychoanalytic Quarterly*, 22, 1953, Nos. 1-3, read Nos. 1-2.

BOOK REVIEWS

The Mind and the Eye: A Study of the Biologist's Standpoint, with Bibliography and Index. By Agnes Arber. (Cambridge University Press, 1954. Pp. 146. 16s.)

Psycho-analysts will enjoy this short book by a botanist. The author brings together her views on scientific method and aim, language in its relation to non-verbal thought, and the relation between the scientist's unconscious ideas and his scientific findings. Her bibliography is long and many new sources of earlier work may be suggested, especially to those whose interest is ego psychology.

W. Clifford M. Scott.

The Doors of Perception. By Aldous Huxley. (London: Chatto and Windus, 1954. Pp. 63. 6s.)

In this short book Mr. Aldous Huxley describes his own experiences after taking four-tenths of a gramme of mescaline. These, exhilarating and vividly recounted, as one would expect from such a brilliant writer. For this alone the book is worth reading. There is, furthermore, a fascinating dissertation upon the folds of drapery; as well as an excellent account of the artist's relation to this subject. It is a pity that Mr. Huxley did not stop here and leave this as a statement of his own experiment. Mr. Huxley, however, is interested in mescaline itself, its history, its relation to schizophrenia, and especially its possible benefits to humanity. His subject is therefore wide and general, and not all the problems he touches upon can be referred to in this review.

He feels that previous investigators of mescaline have stopped at a point 'well this side of idolatry'. Whether he himself has is open to question. It is not enough to generalize from one's own experience, and this is what he has done. Others, normal subjects, have taken comparable amounts of mescaline, and had quite different results from those of Mr. Huxley. Some have had extremely disturbing and unpleasant ones. Dr. Guttman gave a comprehensive account of the drug's effects in 1936 (*Journal of Mental Science*, 82). This was based on personal observations on sixty subjects, mostly normal. Since then, there have been further accounts of the drug's effects on normal subjects, confirming the variable response. Dr. Guttman, after mentioning the physical symptoms (such as mydriasis, rapid pulse, raised blood pressure, nausea, or vomiting) goes on to list the chief effects—the well-known hallucinatory and perceptual disturbances, the changes in mood, the splitting of the

personality, and disturbances of volition (with lack of impulse and spontaneity), of thinking, and its anaphrodisiac effect—sexual ideas playing no special rôle in the experiences. Mr. Huxley's account of the drug's effects is incomplete and certainly misleading.

Mr. Huxley then considers perception and says how often perceptions are restricted. He has high hopes that mescaline might increase awareness of one's inner and outer worlds, not only during intoxication but afterwards. It is strange at this stage that he says nothing of psycho-analysis. The revealing and sometimes dramatic alterations in perception that occur from time to time during analysis are extremely interesting and often of great value; especially when an understanding of how unconscious factors concerned with instinct and relationship have produced such an alteration of perception. This aspect is altogether omitted from the present account.

In conclusion, as long as this book is accepted as a first-rate account of one individual's experiment, it is strongly recommended. It is, however, misleading as an account of the psychiatric effects of the drug. The author's expectations of mescaline are founded on his wishes and not on a scientific basis. One wonders why there is such a severe attack on alcohol. An example of the beneficial effects of mescaline is given, namely the devout and well-behaved Peyotists of the Native American Church. It is doubtful, however, if their behaviour can be attributed to taking of the drug. Mr. Huxley seems more at home with mystical experiences or chemical theories, and he avoids the problems of man's instincts and his relationships which are certainly not solved, and perhaps not even helped, by mescaline.

H. E. W. Hardenberg.

Medical Psychology. By Paul Schilder. Trans. and ed. by David Rapaport. (New York: International Universities Press, 1954. Pp. 418. \$7.50.)

This is the first English translation of a book written in 1923. In his preface Schilder says that he is attempting to integrate phenomenology, experimental psychology, brain pathology, and psychoanalysis, and in this, to some extent, he succeeds; although he may convince the psycho-analyst of the unity of the whole nervous and psychic apparatus more easily than his other readers.

The book may be divided into two main parts, the first of which is concerned with the theory of perception, action and language, and memory. The

main theme of this part of the book is that psychic acts are, and remain, achievements of the total personality even when the course of psychic processes is altered by brain lesion. His views are of special importance to-day when so many psychiatrists turn to leucotomy for psychiatric treatment.

The second part of the book is concerned with instincts and the ego, and as such is more concerned with psycho-analysis. Even at this relatively early stage in psycho-analytic knowledge, Schilder's emphasis was on object-relationships; particularly interesting are his remarks on ego functioning, especially in relation to depersonalization, which he believed to be one of the nuclear problems of psychopathology. Of more than historical interest are his speculations about the nature of empathy. When he speaks about the nature of apprehension (in the sense of knowing) he tries to link projection and identification, and appears to be moving towards the concept of projective identification.

A good example of Schilder's capacity for stimulating thought is the chapter on geniuses and their creativity, especially in relation to the phenomena of religious conversion.

One's reaction to this book as a whole is admiration for the erudition of the author and for his consistent approach to problems which must have seemed so much more difficult thirty years ago. Although at times difficult to follow, it should be read by every psychiatrist and student of psycho-analysis.

H. S. Klein.

Maternal Dependency and Schizophrenia. Mothers and Daughters in a Therapeutic Group. A Group-Analytic Study. By Joseph Abrahams and Edith Varon. (New York: International Universities Press Inc., 1953. Pp. 240. \$4.00.)

This is the report of a highly original research carried out at St. Elizabeth's Hospital, Washington, as part of the Group Psychotherapy Project sponsored by the Veterans Administration. The authors conducted over a period of two years a group of eight, made up of four pairs of mothers and daughters. The daughters were young or adolescent women, chronically ill with schizophrenia, and in-patients of the hospital. They met, as a group, once a week for one hour, with their visiting mothers and the doctor and a research psychiatric social worker. The events of each session were thoroughly discussed by the psychiatrist and the P.S.W. and were recorded at the time. The technique used in utilizing the deep emotional involvement of therapist and observer is bold and exemplary.

The most important result is the emotional significance of the parents, especially the mother's dependence on the child for the genesis of the illness. Two fathers died from heart attacks during the period concerned.

The authors devote their first chapter to their approach to the investigation. Chapter II describes the mother-daughter pairs, and Chapter III, the longest chapter in the book, presents the development of the group through its various phases. There follows an analytical summary of the group's development and the mother-daughter relationship, and finally the authors give their conclusions.

This is a piece of work of the utmost interest for the problems of schizophrenic illness and at the same time a beautiful illustration of the value of group-analytic observation. The presentation is quite excellent.

S. H. Foulkes.

Steps in Psychotherapy. By J. Dollard, F. Auld, and A. M. White. Edited by Daël Wolfe. (New York: Macmillan, 1953. Pp. 222. \$3.50.)

The authors describe the treatment of a patient who was suffering from attacks of depression, a feeling of hopelessness, and much weeping; in short, a neurotic depressive reaction. The therapy is stated to have been conducted under the two stars of Freudian psychopathology and reinforcement-learning-theory. The former provided the power and the latter the precision of the procedure. It was a short-term technique, designated by the authors brief psychotherapy, which, according to their definition, is treatment lasting from six to thirty hours.

The authors do more, however, than describe the treatment, as they show exactly how a student psychotherapist was supervised and trained by an experienced teacher and colleague. The title of the book is an apposite one, as indeed the procedure was conducted by steps, the left foot forward being the student therapist's session with the patient, and the right the supervision session. At each such interview a sound recording of all that was said by the patient and student therapist was played over in the presence of student and supervisor. Such supervision, conducted in a precise and tight-reined way, imposes considerable stress upon the student therapist, as it threatens him with criticism which might well paralyze his initiative. In this case, however, the helpful approach of the supervisor and the stability of the student therapist combine to produce steady progress.

Though the technique of free association was used, the therapy was pushed forward by 'labelling', a term used by the authors to describe the providing of words and sentences by the therapist, and the linking of them to the vague but intense, inarticulate feelings of the patient. Psycho-analysis is much more comprehensive than the treatment described, but in such treatment there was the same emphasis upon the study of problems brought forward in the session, in the light of their origins. In other words due importance was given to the present as the re-enactment of the past. In so short a time, it was quite impossible to carry back the linkage

as far as would have been desirable. The authors frankly admit this.

Transference is recognized, but in so short a time there was no opportunity for it to play as central a part as it does in psycho-analysis. No amount of precise work could condense an epic poem into a sonnet. Something had to be sacrificed, but both epic and sonnet have their appropriate places in literature. The brief psychotherapy here described has something of sonnet elegance in its planning and in the inexorable progress over seventeen sessions to a conclusion, incomplete, yet in its way successful, as follow-up one year later showed so plainly.

Even if the result happened to have been a lucky or even a fortuitous one, the authors, by their adherence to the advice given by Freud to Van Ophuijsen to set aside therapeutic ambitions and try to understand what is happening, have taught us a great deal. This book gives a valuable lead in the quest for short-term technique, and not the least of its merit lies in the fact that there has been no relinquishment of scientific discipline.

The weakest part of the work is the section on psychological tests carried out on the patient and their interpretation by two different psychologists. The conclusion that such psychological 'pointers' were of little value in this particular case does not help us, as no generalization is possible from one case, a fact admitted by the authors. Perhaps they include these reports only for completeness, or perhaps they wished to provoke further investigation into the usefulness and reliability of such tests.

A. Hyatt Williams.

Group Psychotherapy. Studies in Methodology of Research and Therapy. By Florence B. Powdermaker, Jerome D. Frank, and others. (Cambridge, Mass.: Harvard University Press. London: Geoffrey Cumberlege, 1953. Pp. 615. 42s.)

This account of a research project is presented in two sections: the first is concerned with groups of neurotic patients at the Veterans Administration's Mental Hygiene Clinic in Washington, D.C., and the other with chronic schizophrenic patients at the Veterans Administration's Hospital at Perry Point, from July 1947 to May 1949. The research staff concerned with both parts consisted of four psychiatrists, five clinical psychologists, and two psychiatric social workers, apart from a further twenty psychiatrists in charge of groups.

The therapy was analytic in orientation, and its goals, those of psychotherapy in general. The dynamics of group interaction in its relation to therapy was a special feature of the research. Each psychiatrist used his own approach, but as the project developed the different approaches tended to converge.

The groups lasted one and a half hours, and were attended by a (mostly silent) observer who prepared narrative reports of each meeting. This was found

to be the most suitable form of recording, but wire recordings (with an unconcealed microphone) were also used. After discussion between the doctor and the observer, summaries of the meetings were prepared. The aim of developing an objective method of studying group therapy led to the isolation of specific problems as experienced by the therapist. A form of 'situation analysis' was devised to sift the vast material and to bring out cause and effect relationships.

The groups of neurotic clinic patients were open ones over relatively short periods (three to nineteen months). Attendances were rather irregular, averaging five patients. A large proportion received individual psychotherapy as well. In 27 per cent of the patients who improved under combined individual and group psychotherapy, the doctors considered that the main weight of the therapy had been carried by the group in spite of the more intensive contact in individual sessions. For another 13 per cent both types of therapy were considered of equal importance, and in about 40 per cent group therapy was judged to be an important factor in their improvement. Many patients left the group treatment.

The account is rich in illustrative material from group observations. Early and late meetings during the treatment course are compared. A valuable study is that of the changes in tension in relation to the themes. There are chapters dealing, amongst other points, with hostility towards the doctor, antagonism between group members, introduction of new members, the relations between individual and group therapy, and different kinds of resistance.

The groups of schizophrenic patients were very large ones, ten to fifteen patients being considered optimal, and other treatments were given concurrently. Interpersonal relationships were considered as of fundamental importance. The doctor's acceptance of hostility and the absence of any retaliation were also of particular import. Sexual acting out (masturbation, exposure) was only a problem for the group if it was a problem for the doctor.

A very large group of eighty-seven schizophrenics was studied for one and a half years and is also reported on mainly as showing an efficient method of preparation for individual therapy or small groups.

The presentation of this report is altogether excellent, and it provides an abundance of information of great interest to group psychotherapists.

S. H. Foulkes.

Group Work with the Aged. By Susan H. Kubie and Gertrude Landau. (New York: International Universities Press, 1953. Pp. 214. \$3.50.)

This book gives an account of the first nine years of the Wm. Hodson Community Centre (in U.S.A.), a day recreation club for elderly men and women. It is of considerable interest, and the style is

clear, restrained, and conveys a sense of warmth and affectionate respect for the subjects described, combined with the obvious sincerity which has enabled the workers to succeed in their pioneer field. It is written in non-technical language that can appeal to the general reader, but contains much thought and psychological understanding.

Although one of the most interesting chapters describes the group feeling that influences the 'non-participating members' (stimulating a crippled and frail old woman to make the arduous journey regularly just to sit among her fellows), nevertheless most of the book is concerned with describing a multitude of activities—craftwork, poetry, music, drama, discussions, self-government, etc. The contention is well supported that 'change and growth have no age limits'.

The Centre has the aim of 'restoring to the old the right to live life to the end with the fullest opportunity to use one's capacity'. At this Centre aged men and women learn new skills and form new relationships and social adjustments at their own pace, under the influence of interacting forces among a group of their contemporaries, combined with the skilled help of younger trained social workers. The power to learn, to change, and to develop was observed not only in the well educated of wide experience but also, and very strikingly, in men and women of poor education who had lived narrow lives and were suffering deprivation of familiar relationships (immigrants, etc.).

Many examples are given to elucidate the descriptions, and the same names recur in different sections. Unfortunately the absence of an index prevents one following any case through. This book should be recommended to all concerned in group work with the elderly, and it is to be hoped there will be new and expanded editions including an index.

Marjorie E. Franklin.

Essays on Sociology and Social Psychology. By Karl Mannheim. Edited by P. Kecskemeti. (London: Routledge and Kegan Paul, 1953. Pp. 310. 25s.)

With this the second volume, we now have in volume form all the shorter papers written by Professor Karl Mannheim. It contains a number of papers published elsewhere, but also four unpublished lectures on 'Planned Society and the Problem of Human Personality', originally given at Oxford. The psycho-analyst will find much to interest him, particularly in these lectures and more generally throughout the volume.

A major aspect of Mannheim's contribution to sociology concerns the sociology of knowledge, the main thesis of which is that ideas emerge and develop in response to, and are determined by, their socio-historical situation. Mannheim stressed that a particular perception of social reality will be determined by the social position from which it is

viewed, and will vary with different social and historical settings. Part I of this volume with the important chapter on 'Conservative Thought' illustrates this type of sociological approach.

It is thus relevant to note that Mannheim himself changed after 1933 when he left Frankfurt for England. Like many of the Weimar intellectuals, he had seen himself as part of a 'socially unattached intelligentsia', analysing history but never part of it. His approach was historical, theoretical, and aloof, though the intellectual liberal in him believed he was part of a creative social force for the future. Meanwhile, history was to show that if the intelligentsia are to act as 'night watchmen' as Mannheim wished, and since night watchmen are usually the first to detect the presence of intruders, they must learn to grapple with their assailants until help comes. This situation, once described by Julien Benda as 'La Trahison des clercs', Mannheim experienced to the full and sought later to remedy. England taught him to be more pragmatic, and with this direct experience of social crisis he came to think more in terms of how to influence history. His experience in Germany gave an urgency to his teaching, and since he saw England moving towards a social crisis, he drew attention to those methods German sociologists, as a result of their longer experience of social crisis, had devised for the interpretation of complex general situations. The present volume contains three fruitful papers dealing with this aspect of his work with a comparison between German and Western sociology. Clinically speaking, his experience of a social crisis forced him to a 'here and now' approach, with a consequent enrichment of his work.

For Mannheim social reality is the result of a dynamic interplay of forces, and antagonism and conflict are its very essence. Here he owes a great deal to Freud, as also in his insistence that the structure of social reality has meaning, is significant, and can be made intelligible. Mannheim believed that 'the clash of forces exhibits not a blind dynamism but goal directness. . . . The highest goal and greatest happiness of the individual consists in being in tune with the creative forces which are going on in the depths' of social reality. Likewise he makes frequent use of the word 'adaptation', but always in a dynamic sense and in terms of an interaction. Thus Mannheim, whilst following in the steps of Spencer, Marx, and Max Weber, was in touch with the dynamics of his own time.

This last fact is not least apparent in his attempt to relate sociology to other social sciences, and more particularly to psychology. To develop a 'sociological psychology' he turned to Freudian psychoanalysis, but at times it seems he was over-anxious not to appear contaminated. As a sociologist he argued that 'the psychology of society is not a million times that of an individual', and that 'we cannot jump straight from the general observations of individuals and their psychic mechanisms to the

analysis of society'. He takes the same line against Dr. Edward Glover in a paper included in this volume, 'War-conditioned Change in our Psychic Economy'. Although he stressed that a reciprocal process was at work between society and the individual, he viewed this process from the point of view of society, believing that gradual transformations in the individual were brought about by certain social mechanisms. Throughout, however, he remained external to the processes within the individual. In a paper 'Impact of Social Processes on the Formation of Personality' he considers some of these social mechanisms which transform the individual, for instance isolation, division of labour, democratic organization, competition and 'individualization'. He undoubtedly makes many important observations in 'Analytical Psychosociology', as for instance, about competition based on property; 'what the liberals do not understand, and what the Russians in spite of many failures have proved by experiment, is that competitiveness, acquisitiveness, and property sense are not in the least identical but rather an historical combination of attitudes united into one single complex in our society'. But on the more general problems of how the individual influences society or why certain interactions take place at one historical period and others at another: on all this we gain but little insight.

Mannheim in his sociology was always exercised by a fundamental question once expressed by Max Weber: Are freedom and democracy in the long run compatible with the development and the continued existence of capitalism? It seems that Mannheim never found a satisfactory answer to this problem, and to the psycho-analyst the nature of his difficulties is of interest. In the first place he never clearly differentiated between those social mechanisms which strengthen the super-ego and those which fortify the ego, to the impairment of his analysis of the problem of freedom. In general, too, he failed to understand the development of the super-ego and to distinguish between its primitive and persecutory forms, and its more mature ego-syntonic ones. Such difficulties arose from his rejection of the psycho-analytic emphasis on early childhood and from his belief that 'at least as much attention [should be devoted] to the capacity of institutions for influencing the psychic life of adults'. For an historian this sudden denial of an historical perspective is remarkable.

More fundamentally Mannheim's brand of 'Historical Idealism' which owes much to Jean-Jacques Rousseau and his 'L'homme est né libre et partout il est dans les fers', does not take into account the Death Instinct with its attendant destructiveness. This prevents Mannheim from analyzing a situation where good objects are associated with pain, hatred, and death wishes. The final result is that he fails to understand the frequent outcome given to this situation, with the splitting

of good and bad objects and the consequent projections assuming sociological forms.

F. M. Turquet.

The Sexually Adequate Female. By Frank S. Caprio. (New York: The Citadel Press, 1953. Pp. 219. \$3.00.)

In this book the physical and emotional causes of sexual inadequacies, especially frigidity, in women are discussed; the measures to correct them are described, and suggestions are made and advice given on how to maintain happiness in the marital relationship.

With pleasant frankness, in readable style, the author fills a need in the literature of marital relations for laymen and doctors alike. He draws on a wide medical and psychiatric experience and analytical literature of the various schools of thought. Although Freud's ideas are given some respect the term 'Oedipus-complex' or 'problem' is strictly avoided. 'Electra-complex' is substituted for it, and it is a pity that the author has not made more use of Freud's *Three Essays on the Theory of Sex*. The excellent case material and the large variety of symptoms would have made a more coherent, more closely knit and clearer pattern.

M. Dale.

The Troubled Mind. By Beulah C. Bosselman. (New York: Ronald Press, 1953. Pp. 206. \$3.50.)

This book presents to the lay reader an account of the disorders of personality, their origin and treatment.

The work falls into three parts. The first deals with emotional development from birth to maturity, and with the further adjustments thereafter until old age is reached. The second, clinical, part is devoted to accounts of the various forms of emotional maladjustment, neuroses, psychosomatic disorders and psychoses. In the third and final part the problems of treatment are discussed.

The book is a readable and succinct exposition of its subject. In the clinical section added interest is provided by a number of illuminating cases which are briefly described, though it is felt that these could have been fuller, as could also the sections dealing with the psychiatric disorders of the pre-adult years. In the chapter on treatment little mention is made of the very considerable amount of work being done in the psycho-analytic treatment of the psychoses, and the reader is left with the impression that physical methods of treatment (insulin coma and electro-shock) are the only ones available in these conditions.

There is a useful bibliography which might have been expanded with advantage.

J. J. M. Jacobs.

The American Sexual Tragedy. By Albert Ellis, Ph.D. (New York: Twayne, 1954. Pp. 288. \$4.50.)

The thesis of this book seems to be that the

American sexual tragedy, which the author documents in so detailed and convincing a manner, is the outcome of what he calls 'taught' or 'learned' attitudes. These he deplores in that they sometimes require many hours of psychotherapy to correct.

His description of the hotch-potch of mutually contradicting laws of conduct which prevail in America could be applied equally well to Europe or to many other parts of the world.

Much that he says certainly needs saying and should be said, if only as a step towards a greater awareness of the amount of avoidable human suffering which exists in the complicated human relationships involved.

M. Burke.

Aggression and Its Interpretation. By Lydia Jackson, D.Phil., B.Sc. (Oxon.). (London: Methuen, 1954. Pp. 237. 21s.)

This book records the author's attempt 'to discover, through the study of aggressive behaviour in children, how the self-assertive urge, on which the survival of the individual depends, becomes deflected from creative to destructive ends, and how it is again re-directed into constructive channels'. Dr. Jackson claims to have successfully split the concept of aggression into positive and negative forms. Numerous examples of aggressive and destructive behaviour in neurotic, delinquent, and normal children are given, compared, and presented statistically. The author has devised a pictorial projection test of family attitudes, which is also described. She relies on this material to substantiate her conviction that there exists in the child a single instinctual urge, that of 'aggressive self-realization'. In her view there exists no dualism of instincts, and presumably therefore no possibility of the mitigation of hatred by love. Dr. Jackson believes that the child is not innately 'negatively aggressive but becomes so through rigid and unsympathetic handling, i.e. if its self-assertive urges are misdirected, especially owing to the conscious or unconscious negative attitudes of the mother. Notwithstanding all this the author's psychological vocabulary embraces many psycho-analytical terms and concepts. In view of this and since she is so interested in the study of aggression in children it is surprising that, although she refers to the ideas of many psychologists and psychoanalysts, she ignores the writings of Melanie Klein.

Frank Philips.

Psychological Reflections. An Anthology of the Writings of C. G. Jung. Selected and edited by Jolande Jacobi. (London: Routledge and Kegan Paul, 1953. Pp. xxvii + 342. 30s.)

This volume consists of a careful selection of some of the more pregnant passages in Jung's numerous works, and will thus appeal to such as find many of his writings tiresome to read owing to the unsystematic nature of his thought. The selected passages are more concerned with his conclusions than with the arguments upon which these are based; and they present a very good picture of his general point of view, philosophical no less than psychological. The selections are arranged in sections under comprehensive headings such as 'Consciousness and the Unconscious' and 'Doctor and Patient'. The sections are of unequal value; and some are full of what appear to be arbitrary pronouncements—the prevailing atmosphere being rather that of the master instructing his pupils. That some of these pronouncements contain much wisdom is not to be gainsaid; and many provide a challenge to thought. Doubtless readers who hold the view that Jung's influence chiefly resides in his personality will be confirmed in their opinion. Be that as it may, all will agree that Jolande Jacobi has performed a most efficient editorial task.

W. Ronald D. Fairbairn.

Patterns of Psychosexual Infantilism. By Wilhelm Stekel. Edited and with an introduction by Emil A. Guthrie. (London: Peter Nevill, 1953. Pp. 412. 18s.)

Readers of this Journal will be little interested in this book. It was originally published in 1922, though only the date of the present translation is given, and shows many of the less desirable characteristics of the popularizing writings of that date which were inspired by psycho-analysis. There are no editorial footnotes to indicate developments in psycho-analytic thought since that time, so that the lay reader is faced with such statements as: 'The Freudians point incessantly at the Oedipus Complex (the son's love of the mother) and neglect the homosexual component in the boy's rebellion against the father' (p. 57) as though this represents current opinion, let alone being an accurate description of views held thirty years ago.

It is difficult to credit some of Stekel's utterances, as that 'I have nowhere seen evidence of any physical or psychological harm done by such early seductions of boys' (p. 62). Yet the next paragraph informs the reader that 'Very often the first experience determines the individual's choice of a partner', which is illustrated by the case of a thirteen-year-old boy who was later sexually potent only with women dressed in the same style as his seductress. This is confusing and, more seriously, misleading.

Noel Bradley.

NEWS, NOTES AND COMMENTS

A Bust of Sigmund Freud in the Arkadenhof of the University of Vienna

On 4 February, 1955, a bust of Sigmund Freud, the donation of Dr. Ernest Jones, was unveiled. Preceding this ceremony, a congregation took place in the Auditorium Maximum of the University. After an opening speech by the Rector, Professor Dr. Hans Radon, the Dean of the Medical Faculty, Dr. Franz Brücke, brilliantly presented Freud's connection with the University. Dr. Hans Hoff, Professor of Neurology and Psychiatry, who inaugurated the erection of this memorial, described Freud's revolutionary influence on modern psychiatry and on the sciences in general. He was followed by Dr. E. Krapf, the delegate of the World Health Organization, and by Dr. Leo Bartenmeier, who spoke on behalf of the American Medical Association, the American Psychiatric Association, and the American Psychoanalytic Association. Finally, Dr. Alfred Winterstein, President of the Vienna Psychoanalytic Association, recalled to the congregation how Freud, the man and the scientist, came to make those far-reaching discoveries which have become the foundation of the science of psychoanalysis.

The bust bears the inscription:

ὁς τὰ κλεινὰ αἰνέματ' ἤδει καὶ κράτιστος ἦν ἀνὴρ
(Greatest of men, he held the key to the deepest mysteries.)

On the evening preceding the unveiling a banquet took place, arranged by the Vienna Psychoanalytic Society. Dr. Alfred Winterstein, who presided, welcomed the delegates from abroad, the head of the University Clinic of Neurology and Psychiatry, Dr. Hans Hoff, and the Director of the Museum of Art, Dr. E. Buschbeck. Messages of congratulation were received from the psychoanalytic organizations of Switzerland (Dr. Philip Sarasin), Germany (Dr. Carl Müller-Braunschweig), Great Britain (Dr. Sylvia Payne), Italy (Professor Perotti), Belgium (Dr. Lechat), France (Princesse Marie Bonaparte). Dr. Leo Bartenmeier replied to the toast.

The Third International Congress on Criminology will be held in London from 12 to 18 September this year, under the chairmanship of Dr. Denis Carroll. Aspects of Recidivism (Statistics, Description, Causes, Prognosis, and Treatment) will be the main point of discussion. Address: 28 Weymouth Street, London, W.1, England.

Ernest Jones Lecture 1955

The Ernest Jones Lecture organized by the British Psycho-Analytical Society was delivered on 14 March in the Barnes Hall of the Royal Society of Medicine in London. Mr. John Wisdom, Fellow of Trinity College, Cambridge, spoke on *The Logic of the Unconscious*. The vote of thanks was proposed by Mr. Roger Money-Kyrle, Ph.D., and seconded by Miss Cecily de Monchaux, Ph.D.

Freud Anniversary Lecture 1955

The Fifth Freud Anniversary Lecture organized by the New York Psychoanalytic Institute and Society was delivered on 10 May, 1955. Mr. Lionel Trilling's subject was 'Freud and the Crisis of our Culture'. Dr. Ernst Kris introduced the speaker.

Honorary Memberships have recently been conferred on Miss Anna Freud by the New York Psychoanalytic Society and by the Nederlandse Vereniging voor Psychiatrie en Neurologie.

Dr. H. G. Van der Waals, the former President of the Dutch Psycho-Analytical Society, has made arrangements to join the teaching staff of the Menninger Clinic, Topeka, Kansas.

Dr. W. Clifford M. Scott, formerly President of the British Psycho-Analytical Society and Director of the London Clinic of Psycho-Analysis, has been appointed Associate Professor in the Department of Psychiatry of McGill University, Montreal, Canada. He is in charge of the psycho-analytic training inaugurated by Dr. D. Ewen Cameron, Chairman of the Department of Psychiatry.

Drs. Hans Aufreiter and Dr. Friedl Aufreiter, of the Vienna Psycho-Analytical Society, have moved to Montreal, Canada, where they have joined Dr. W. Clifford M. Scott to establish psycho-analytic training at McGill University.

Dr. Lajos Levy and Mrs. Kata Levy, who quite recently obtained permission to leave Hungary, have settled in London and have been elected members of the British Psycho-Analytical Society and of the Institute of Psycho-Analysis, London. Dr. L. Levy was a founder-member of the Hungarian Psycho-Analytical Society (19 May, 1913) and Mrs. Kata Levy a member since 1928.

109TH BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

RUTH EISSLER, M.D., GENERAL SECRETARY

MEMBERS OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

CORRECTIONS AND ADDITIONS

(See List of Members of the International Psycho-Analytical Association, 108th Bulletin, published in *Int. J. Psycho-Anal.*, 35, pp. 455-498.)

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Former Presidents

1. Change Carl J. Jung to: Carl G. Jung.
2. " (6th Congress, 1920): Prov. Pres. Ernest Jones.
3. " (10th Congress, 1927): President Max Eitingon.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

1. Members Elected December, 1954

- Altman, Leon L., M.D., 1 West 64th St., New York 23, N.Y.
Carter, James D., M.D., 2025 Eye St., N.W., Washington 6, D.C.
Console, William A., M.D., 24 East 94th St., New York 28, N.Y.
Gates, Phillip H., M.D., 51 Brattle St., Cambridge 38, Mass.
Hoedemaker, Edward D., M.D., The Northwest Clinic, 4033 East Madison St., Seattle 2, Wash.
Hollender, Marc H., M.D., 664 North Michigan Ave., Chicago 11, Ill.
Lipin, Theodore, M.D., 11 East 68th St., New York 21, N.Y.
Meyer, Bernard C., M.D., 240 East 62nd St., New York 21, N.Y.
Myerson, Paul G., M.D., 1093 Beacon St., Brookline, Mass.
Orens, Martin H., M.D., 89 Bayview Ave., Great Neck, N.Y.
Penneker, Richard, M.D., 664 North Michigan Ave., Chicago 11, Ill.
Rubinstein, Benjamin B., M.D., 350 Central Park West, New York 25, N.Y.
Silverman, Daniel, M.D., 269 South 19th St., Philadelphia 3, Pa.
Stewart, Walter A., M.D., 167 East 63rd St., New York 21, N.Y.
Waldhorn, Herbert F., M.D., 1040 Park Ave., New York 28, N.Y.
Zavitzianos, George, M.D., 1100 Berkshire Rd., Ann Arbor, Mich.

2. Changes of Address in Alphabetical Listing

- Beckwith, Morris C., M.D., 124 South Lasky Drive, Beverly Hills, Calif.
Binger, Carl, M.D., 21 Lowell St., Cambridge, Mass.
Caveney, Elmer, M.D., Dept. of Psychiatry, Med. College of Alabama, 1919 7th Avenue South, Birmingham 5, Ala.
Daltroff, Wilburta, M.D., 315 Central Park West, New York 24, N.Y.
Davidman, Howard, M.D., 4 East 89th St., New York 28, N.Y.
Fleming, Joan, M.D., 664 North Michigan Ave., Chicago 11, Ill.
Glauber, I. Peter, M.D., 121 Old Mamaroneck Rd., White Plains, N.Y.
Kaplan, Alex Hillier, M.D., 4652 Maryland Ave., St. Louis 8, Mo.
Kelley, Kenneth, M.D., 49 East 68th Street, New York 21, N.Y.
Krimley, Joseph M., M.D., 300 East 57th St., New York 22, N.Y.
Lomas, Jack B., M.D., 427 North Camden Drive, Beverly Hills, Calif.
Merrill, Bruce R., M.D., 450 Sutter Place, San Francisco 8, Calif.
Sugar, Carl, M.D., 427 North Camden Drive, Beverly Hills, Calif.
Tarachow, Sidney, M.D., 123 East 80th St., New York 21, N.Y.
Weyl, Simon, M.D., 1140 Fifth Ave., New York 28, N.Y.

P. 466. Please correct name to:

- Oxman, Morris F., M.D., 2025 Eye St., N.W., Washington 6, D.C.

SOUTH AMERICA

ARGENTINE PSYCHOANALYTIC ASSOCIATION

*(Asociación Psicoanalítica Argentina)*1. *Changes of Address*

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Garma, Dr. Angel, 1 Av. Lib. General San Martin 2392, Buenos Aires.

Garma, Mrs. Elisabeth Goode de, Av. Lib. General San Martin 2392, Buenos Aires.

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Schlossberg, Dr. Teodoro (Assoc. Member), Virrey Melo 2472, Buenos Aires.

2. *Add to the List of Associate Members*

Amici Di San Leo, Dr. Gino, Santa Fe 2892, Buenos Aires.

Gonzalez, Dr. Aveline, Billinghurst 2335, Buenos Aires.

Weil, Dr. Jorge, Callao 2006, Buenos Aires.

CHILEAN PSYCHOANALYTIC SOCIETY

Changes of Address

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Whiting, Dr. Carlos, 2 Ismeal Valdes, Vergara 326, 7 piso, Dept. B, Santiago, Chile.

Lizarazo, Dr. Arturo, Carrero 7a 2130, Bogota, Colombia.

Matte, Dr. Ignacio, Victoria Subercaseaux 299, Santiago, Chile.

Also, please change:

de Lanas, Dr. Adelaida Segovia, Brown Sur 366 10

Segovia, M. Dra Adelaida, El Bosque 2048, Santiago, Chile.

Please correct the name:

Bondek de Guzman, Dr. Erica (and not 'Bondiek').

EUROPE AND ASIA

BELGIAN PSYCHO-ANALYTICAL ASSOCIATION

*(Association des Psychanalystes de Belgique)*1. *Add to the List of Membres Effectifs*

Jacobs-van Merle, 124 rue Berkendael, Bruxelles.

Martin-Flagey, Mme. le Dr. D., 94 Avenue Brugman, Bruxelles.

2. *Corrections of Names*

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Dugautiez, Mr. M. (not Dugaitiez).

Lechat, Mme. C.

3. *Change of Address*

P. 471

Mannoni-van der Spoel, Mme. M., 31 Avenue Ferdinand Buisson, Paris XVI° France.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Change of Address

P. 471

Frankl, Dr. L., 59/60 Belsize Park, Flat 4, London, N.W.3.

DUTCH PSYCHO-ANALYTICAL SOCIETY

*(Nederlandse Vereeniging voor Psychoanalyse)**Change of Address*

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Versteeg-Solleveld, C. M. M.D., Kon. Wilhelminalaan 2, Amersfoort.

FRENCH PSYCHO-ANALYTICAL SOCIETY

*(Société Psychanalytique de Paris)*1. *Change of President*

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Cenac, Dr. Michel, 4 rue de Babylone, Paris VII°.

2. *Revised List of Members**Membres d'Honneur*

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W.3, England.

Jones, Dr. Ernest, The Plat, Elsted, Nr. Midhurst, Sussex, England.

Membres Titulaires

Benassy, Dr. Maurice, 4 rue de l'Odéon, Paris VI°

Berge, Dr. André, 110 avenue du Roule, Neuilly-s/ Seine.

Bonaparte, Mme. Marie, 7 rue du Mont-Valérien, Saint-Cloud (S. & O.).

Bouvet, Dr. Maurice, 17 rue Jean Mermoz, Paris VIII°.

Cenac, Dr. Michel, 4 rue de Babylone, Paris VII°.

Diatkine, Dr. René, 30 rue de Miromesnil, Paris VIII°.

Fain, Dr. Michel, 32 rue Caumartin, Paris IX°.

Favieau, Dr. Jean, 10 rue du Bac, Paris VII°.

Grunberger, Dr. Bela, 33 rue du Champ de Mars, Paris VII°.

Held, Dr. R., 99 avenue Raymond Poincaré, Paris XVI°.

Hesnard, Dr. A., 47 littoral Frédéric Mistral, Toulon (Var).

¹ To be corrected under 'President' and also in alphabetical listing.

² Please make this correction under 'Business Secretary' and also in the alphabetical listing.

Laurent Lucas Championnière, Dr. O. (Mme. le),
10 rue de l'Odéon, Paris VI°.
Lebovici, Dr. Serge, 3 avenue du Président Wilson,
Paris XVI°.
Malé, Dr. Pierre, 6 rue de Bellechasse, Paris VII°.
Mallet, Dr. Jean, 8 rue Charles Divry, Paris XIV°.
Marty, Dr. Pierre, 22 Boulevard Barbes, Paris
XVIII°.
Nacht, Dr. Sacha, 80 rue Spontini, Paris XVI°.
Pasche, Dr. Francis, 1 rue de Prony, Paris XVII°.
Renard, Dr., 1 place des Victoires, Paris II°.
Sauguet, Dr. H., 34 rue du Ranelagh, Paris XVI°.
Schlumberger, Dr. Marc, 17 avenue Théophile
Gautier, Paris XVI°.
Socarras, Dr. José, Calle 21—No. 622, A, 203,
Bogota, Colombia.

Membres Adhérents

Barajas Castro, Dr., Elbe 9-i, Mexico 5, D.F.,
Mexico.
Bayet, Dr., 234 rue J. B. Charcot, Courbevoie
(Seine).
Berman, Mlle. Anne, 50 rue Pergolèse, Paris XVI°.
Boulangier, Dr. J. B., 4050 Chemin de la Côte Sainte
Catherine, Montreal 26, Canada.
Breuer, Dr. Elsa, 5 rue d'Arcole, Paris IV°.
Chentrier, M. Th., 768 Côte Ste Catherine, Mon-
treal, Canada.
Courchet, Dr. J. L., 3 square du Bois de Boulogne,
Paris XVI°.
Dauphin, Dr. Andrée (Mme. le), 25 rue Gay-
Lussac, Paris V°.
Dreyfus-Moreau, Dr. L. (Mme. le), 16 rue de
Sèvres, Paris VII°.
Eliet, Dr. J. (Mlle. le), 55 rue de la Tour, Paris XVI°.
Embericos, Dr., 8 rue Enianos, Athens, Greece.
Favez, M. G., 29 rue Descartes, Paris.
Féibel, Mme. Charlotte, 7 West 96th St., New
York 25, N.Y., U.S.A.
Finkelstein, Dr., 15 rue Guy Moquet, Paris XVII°.
Hoesli, Dr. H., 90 rue du Bar Paris VI°.
Jones, Mme. L., 22 rue Delambre, Paris VI°.
Kestenberg, Mme. E., 6 rue Friand, Paris XIV°.
Kestenberg, Dr. J., 6 rue Friand, Paris XIV°.
Kouretas, Dr., 20 rue Homère, Athens, Greece.
Labrecque, Dr. J. P., Hôtel Dieu de Montréal,
3840 rue St. Urbain, Montreal 18, Canada.
Laforgue, Mme. Paulette, 82 rue Lafontaine,
Paris XVI°.
Leulier, Dr. Hélène, 7 allée des Bocages, Le Vésinet
(Seine and Oise).
Luquet, Dr. P., 54 rue de la Bienfaisance, Paris
VIII°.
Luquet-Paras, Dr. (Mme. le), 54 rue de la Bien-
faisance, Paris VIII°.
Marette, Dr. Ph., 11 rue de Bellechasse, Paris VII°.
Mauc, M. G., 1 Square Alfred Capus, Paris XVI°.
Parres, Dr. Ramon, Victor Hugo 76 C, Mexico,
D.F., Mexico.
Pierre, Prince de Grèce, 7 rue du Mont-Valérien,
Saint-Cloud (Seine and Oise).

Ramirez, Dr. Santiago, Publa 249 3, Mexico, D.F.,
Mexico.
Riete, Dr. E., Institute Psych. di Gruliasco, Turin,
Italy.
Shentoub, M. A., 24 rue Raynouard, Paris XVI°.
Williams, Mrs. M., 26 avenue Marceau, Paris VIII°.
Zavitzianos, Dr. George, Veterans' Readjustment
University Hosp., 1000 Berkshire Rd., Ann Arbor,
Michigan, U.S.A.
Ziwar, Dr. M., 20 rue Saray el Gesira, Zamalek,
Cairo Egypt.

Membres Associés

Carcamo, Dr. Celes Ernesto, Callac 1565, Buenos
Aires, Argentina.
Dugautiez, M. M., 101 rue Emile Banning, Bruxelles,
Belgium.
Guex, Mme., 54 avenue de Beaumont, Lausanne,
Switzerland.
Lechat, M. F., 118 rue Froissart, Bruxelles, Belgium.
Repond, Dr., Malevoz, Monthey, Switzerland.

GERMAN PSYCHO-ANALYTICAL ASSOCIATION

(Deutsche Psychoanalytische Vereinigung)

Add to the List of Members

Dr. Heret-Eberhardt Richter. (Address not known.)

ITALIAN PSYCHO-ANALYTICAL SOCIETY *(Società Psicoanalitica Italiana)*

1. Add to the List of Members

Balconi, Dr. Marcella, Ospedale Maggiore, Novara.
Bartoleschi, Dr. Benedetto, Via V. Borghesi 3, Roma.
Corti, Dr. Adda, Via dei Greci 6, Roma.
Fajrajzen, Dr. Stefano, 593 Powel St., Brooklyn,
N.Y., U.S.A.
Fornari, Dr. Franco, Via Carroccio 18, Milano.
Ossicini, Dr. Adriano, Via di Porta Lavernale 20,
Roma.
Pontani Mayer, Dr. Fulvia, Via Chiana 38, Roma.
Sigurta, Dr. Renato, Corso Sempione I, Milano.
Veltri, Dr. Piero, Via Gomez 5, Milano.

2. Add to the List of Associate Members

Barbieri, D., Ville Turro, Via Prinetti 29, Milano.
Berrini, Dr. Marta Elvira, Via Sassetti 10, Milano.
Ciprandi, Dr. Franco, Via Venini I, Milano.
Morra, Dr. Mauro, Via Diomede 40, Milano.
Emanuele, Dr. Vittorio, Corso di Porta Nuova 4,
Milano.

3. The following having become Full Members, their names should be deleted from the List of Associate Members

Bartoleschi, Dr. Benedetto.
Ossicini, Dr. Adriano.
Pontani Mayer, Dr. Fulvia.

VIENNA PSYCHO-ANALYTICAL ASSOCIATION

*(Wiener Psychoanalytische Vereinigung)*1. *Changes of Address in Alphabetical Listing of Members*

P. 478

Aufreiter, Dr. Friedl, 1290 Pine Avenue West, Montreal, Canada.

Aufreiter, Dr. Hans, 1290 Pine Avenue West, Montreal, Canada.

Holvasth, Dr. Gertrude, Rue Dona Veridiana 28, São Paulo, Brasil.

Ticho, Dr. Ernst, Menninger Foundation, Topeka, Kansas, U.S.A.

2. *Add to the List of Associate Members*

Becker, Dr. Alois, Vienna IX, Maria-Theresien Strasse 19.

3. *Change of Address (Associate Member)*

P. 478

Toman, Dr. Walter, Brandeis University, Waltham, Mass., U.S.A.

SENDAI PSYCHO-ANALYTICAL SOCIETY

Please add the name of recently elected President

P. 480

Kosawa, Dr. Heisaku, Psychoanalytic Hospital, 608/3 Den En-chofu, Ota-ku, Tokyo, Japan.

AFFILIATE SOCIETIES OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION

ASSOCIATION FOR PSYCHOANALYTIC MEDICINE

P. 481. *New Address*

130 Central Park South, New York 19, N.Y.

BALTIMORE PSYCHOANALYTIC SOCIETY

Please add the following name to the list of Active Members and delete from the list of Associate Members

P. 483

Oxman, Morris F., M.D., 2025 Eye Street, N.W., Washington 6, D.C.

THE BOSTON PSYCHOANALYTIC SOCIETY

P. 484. *Please list*

*Myerson, Paul, M.D., 1093 Beacon St., Brookline, Mass.

CHICAGO PSYCHOANALYTIC SOCIETY

Changes of Address

P. 485

Emch, Minna, M.D., 2708 North Lakeview Avenue, Chicago 14, Ill.

Kaplan, Alex, M.D., 4652 Maryland Avenue, St. Louis 8, Mo.

LOS ANGELES PSYCHOANALYTIC SOCIETY

1. *New Address*

P. 487

344 North Bedford Drive, Beverly Hills, Calif.

2. *Add to the list of Active Members*

*Beckwitt, Morris C., M.D., 124 South Lasky Drive, Beverly Hills, Calif.

*Shiell, Jerome A., M.D., 450 North Bedford Drive, Beverly Hills, Calif.

*Sugar, Carl, M.D., 427 North Camden Drive, Beverly Hills, Calif.

*Tausend, Helen, M.D., 6333 Wilshire Blvd., Los Angeles 48, Calif.

*Thickstun, James T., M.D., 850 Prospect St., La Jolla, Calif.

*Tidd, Charles W., M.D., UCLA Medical School, Dept. of Psychiatry, Los Angeles 24, Calif.

*Van der Heide, Carel, M.D., 9730 Wilshire Blvd., Beverly Hills, Calif.

*Vatz, Jack A., M.D., 360 North Bedford Drive, Beverly Hills, Calif.

3. *The following, having become Full Members, their names should be deleted from the list of Associate Members*

Shiell, Jerome A., M.D.

Sugar, Carl, M.D.

Tausend, Helen, M.D.

Tidd, Charles W., M.D.

Van der Heide, Carel, M.D.

Vatz, Jack A., M.D.

4. *Active Members: Corrections of spelling and changes of address*

*Crutcher, Roberta, M.D. (instead of Crutscher)

*Futterman, Samuel, M.D., 415 North Camden Drive, Beverly Hills, Calif.

*Lemas, Jack B., M.D., 427 North Camden Drive, Beverly Hills, Calif.

5. *Also please list the names of*

*Harrison, Lyman L., M.D.

*Lewy, Ernst, M.D.

* Member of the American Psychoanalytic Association and therefore of the International Psycho-Analytical Association.

THE NEW YORK PSYCHOANALYTIC SOCIETY

1. *Honorary Members*P. 483. *Correct:*

Brill, K. Rose (Dr.), 88 Central Park West, New York 23, N.Y.

2. *Active Members*

Please add:

*Kelley, Kenneth, M.D., 40 East 68th St., New York 21, N.Y.

3. *Change of Address*

P. 491

*Tarachow, Sidney, M.D., 123 East 80th St., New York 21, N.Y.

SAN FRANCISCO PSYCHOANALYTIC SOCIETY

3.

Active Members: Change of Address

P. 493

*Barrett, William G., M.D., 240 Stockton St., San Francisco 3, Calif.

THE SOCIETY FOR PSYCHOANALYTIC MEDICINE OF SOUTHERN CALIFORNIA

P. 495. *Please list:*

*Pumpian-Mindlin, E., M.D., 301 South Kingsley Drive, Los Angeles 4, Calif.

instead of
Mindlin, Eugene P., M.D.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

Members Elected May 1955

Bruce Buchenholz, M.D., 3 East 71st Street, New York 21, N.Y.

Margaret Craighill, M.D., 330 Lawrence Street, New Haven 11, Connecticut.

Stanley Eldred, M.D., 7710 Granada Drive, Bethesda, Maryland.

Leon Ferber, M.D., 2025 Eye Street, N.W., Washington 6, D.C.

Martin J. Gerson, M.D., 955 Park Ave., New York 28, N.Y.

George Kriegman, M.D., 1805 Monument Ave., Rm. 614, Richmond 20, Virginia.

Milton Malev, M.D., 67 East 82nd St., New York 28, N.Y.

Alastair MacLeod, M.D., Mental Hygiene Institute, 531 Pine Ave. West, Montreal, P.Q., Canada.

Samuel H. Ruskin, M.D., 1306 David Broderick Tower, Detroit 26, Michigan.

Jerome A. Shiell, M.D., 450 North Bedford Drive, Beverly Hills, California.

* Member of the American Psychoanalytic Association and therefore of the International Psycho-Analytical Association.

